

## Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim       Final

**Date of Report**    May 22, 2018

### Auditor Information

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<b>Company Name:</b> California Department of Corrections and Rehabilitation (CDCR)	
<b>Mailing Address:</b> 1515 S Street 344-N FOPS/SH	<b>City, State, Zip:</b> Sacramento, CA 95811
<b>Telephone:</b> (916) 798-9953	<b>Date of Facility Visit:</b> February 7-8, 2018

### Agency Information

<b>Name of Agency:</b> Nevada Department of Corrections		<b>Governing Authority or Parent Agency (If Applicable):</b> Not Applicable	
<b>Physical Address:</b> 5550 Snyder Ave, Bldg # 17		<b>City, State, Zip:</b> Carson City, NV 89702	
<b>Mailing Address:</b> Same as Above		<b>City, State, Zip:</b> Same as Above	
<b>Telephone:</b> (775) 887-3285		<b>Is Agency accredited by any organization?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

**Agency mission:** The Nevada Department of Corrections will improve public safety by ensuring a safe and humane environment that incorporates proven rehabilitation initiatives that prepare individuals for successful reintegration into our communities.

**Agency Website with PREA Information:**  
[http://doc.nv.gov/About/NDOC\\_Office\\_of\\_the\\_Inspector\\_General/PREA\\_Management\\_Division/](http://doc.nv.gov/About/NDOC_Office_of_the_Inspector_General/PREA_Management_Division/)

### Agency Chief Executive Officer

<b>Name:</b> James Dzurenda	<b>Title:</b> Director, NDOC
<b>Email:</b> jedzurenda@doc.nv.gov	<b>Telephone:</b> (775) 486-9912

**Agency-Wide PREA Coordinator**

<b>Name:</b> Deborah Striplin	<b>Title:</b> PREA Coordinator
<b>Email:</b> dstriplin@doc.nv.gov	<b>Telephone:</b> (775) 887-3142
<b>PREA Coordinator Reports to:</b> Director, NDOC	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 16

**Facility Information**

<b>Name of Facility:</b> Casa Grande Transitional Housing			
<b>Physical Address:</b> 3955 West Russell Road, Las Vegas, Nevada, 89115			
<b>Mailing Address (if different than above):</b> Same as Above			
<b>Telephone Number:</b> (702) 486-9906			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	

**Facility Mission:** The Nevada Department of Corrections will improve public safety by ensuring a safe and humane environment that incorporates proven rehabilitation initiatives that prepare individuals for successful reintegration into our communities.

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**Warden/Warden**

<b>Name:</b> Dwight Neven	<b>Title:</b> Warden
<b>Email:</b> dneven@doc.nv.gov	<b>Telephone:</b> (702) 668-7210

**Facility PREA Compliance Manager**

<b>Name:</b> Helen Peterson	<b>Title:</b> Correctional Casework Specialist III
<b>Email:</b> hpeterson@doc.nv.gov	<b>Telephone:</b> (702) 486-9934

**Facility Health Service Administrator**

<b>Name:</b> Leilani Flores	<b>Title:</b> Director of Nursing
<b>Email:</b> lvflores@doc.nv.doc	<b>Telephone:</b> (702) 668-7300

### Facility Characteristics

Designated Facility Capacity: 400		Current Population of Facility: 323		
Number of inmates admitted to facility during the past 12 months				890
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:				693
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:				857
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:				0
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 19-65		
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:				0
Average length of stay or time under supervision:				12-36 months
Facility security level/inmate custody levels:				Minimum & In-House Comm. Trustees
Number of staff currently employed by the facility who may have contact with inmates:				73
Number of staff hired by the facility during the past 12 months who may have contact with inmates:				22
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:				1

### Physical Plant

Number of Buildings: 3		Number of Single Cell Housing Units: 0		
Number of Multiple Occupancy Cell Housing Units:		2		
Number of Open Bay/Dorm Housing Units:		0		
Number of Segregation Cells (Administrative and Disciplinary):		Temporary-2		

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

There are 156 cameras, a mixture of Bosh and Panasonic brands, on the Casa Grande site. The cameras are monitored in Central Control and are in real time. The current system does not allow recordings to be made. This system is continually being evaluated for possible upgrades.

### Medical

Type of Medical Facility:	24-hour on-site/on-call medical facility
Forensic sexual assault medical exams are conducted at:	University Medical Center, Las Vegas, NV

### Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	50
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	19

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

The Casa Grande Transitional Housing is located at 3955 West Russell Road, Las Vegas, Nevada, 89115. The Casa Grande Transitional Housing is participating in a Prison Rape Elimination Act (PREA) audit conducted by a certified auditor from the California Department of Corrections and Rehabilitation (CDCR). The on-site portion of the audit was conducted at the address stated above during the period of February 7-8, 2018.

Following coordination, preparatory work and collaboration with management staff at the Casa Grande Transitional Housing, pre-audit work was completed prior to traveling to the facility for the on-site review portion of the audit.

***It should be noted that a majority of shared services and management team members that have authority over the Casa Grande Transitional Housing are all located at the Florence McClure Women's Correctional Center and at a Southern Region Centralized area on the Casa Grande Transitional Housing site, in Las Vegas, Nevada.***

The Florence McClure Correctional Center and Casa Grande Transitional Housing are approximately 15 miles apart.

### PRE-AUDIT PHASE

On December 20, 2017, the CDCR provided the audit notice to the agency's PREA Coordinator with instructions to post copies in the housing units and other places deemed appropriate by facility staff. Notices were to be posted in areas accessible to both offenders and staff. The PREA Compliance Manager at the Casa Grande Transitional Housing emailed the auditor time/date stamped pictures of different locations within the facility to include all housing unit informational bulletin boards (Units 1A, 1B, 2A and 2B), as well as shared dayrooms, library, telephone areas, dining areas, and entrance/exit locations.

The pictures were date and time stamped on December 20, 2017, to indicate when/where they were posted with upcoming audit information. The posted information was still in many, if not all, of those same locations stated, during our on-site audit tour. CDCR received the pre-audit questionnaire, audit process map, checklist of policies/procedures and other documents from the Nevada Department of Corrections (NDOC) in late December 2017.

Pre-audit Section of the compliance tool: On December 20, 2017, the Nevada Department of Corrections agency PREA Coordinator provided the completed pre-audit questionnaire, including supporting documentation, to the audit team. The certified auditor started completing the Audit section of the Auditor Compliance Tool (ACT) by transferring information from the pre-audit questionnaire and supporting documentation to the pre-audit section of the compliance tool.

The auditor did not receive letters from offenders at the facility prior to arrival at the center. The auditor also did not receive any letters from a third-party source (family member of an offender).

It should be noted that the Casa Grande Transitional Housing received their PREA Final Report from their last 3-year cycle on February 13, 2015.

## **ON-SITE PHASE**

On February 8, 2018, the audit team arrived at the Casa Grande Transitional Housing facility. Two members of the Florence McClure Women's Correctional Center audit team went to Casa Grande Transitional Housing on February 7, 2018 to review personnel, training and investigative files from Casa Grande Transitional Housing, as well as, Florence McClure Women's Correctional Center and Jean Conservation Camp. The files from all 3 centers are maintained at the Regional Center at the Casa Grande Transitional Housing site.

The Casa Grande Transitional Housing audit team consisted of 2 auditors, which included Shannon Stark, a DOJ Certified Auditor and Captain for CDCR and myself, a DOJ certified auditor and retired Captain for CDCR.

Also assisting on file reviews for Casa Grande Transitional Housing were Nancy Hardy, a DOJ Certified Auditor and retired Associate Warden for CDCR and John Katavich, a DOJ Certified Auditor and retired Warden for CDCR.

All members of the auditing team have completed numerous In-state Pre-Audits and Out-of- State formal audits.

As a team, we spent approximately 22.5 hours on-site at the Casa Grande Transitional Housing and approximately 3.5 hours completing telephonic interviews with staff that were not on-site during our visit.

Upon arrival to the facility, the audit team met with Casa Grande Transitional Housing Correctional Manager Gary Rosenfeld, State PREA Coordinator Deborah Striplin, PREA Compliance Manager Helen Peterson and various members of the Casa Grande Transitional Housing staff for greetings, introductions and information sharing. The audit team was escorted to a conference room which served as a home base for audit preparation and organization.

Prior to arrival at the Casa Grande Transitional Housing, the audit team requested and received the names of the employees assigned in the management and specialized staff positions, who would be interviewed during the on-site portion of the audit. The auditor also requested a current listing of all staff working at the Casa Grande Transitional Housing as well as a current list of all offenders housed at the Casa Grande Transitional Housing. Once settled in the conference room, all the requested information was provided to the auditors. The audit team reviewed the lists and highlighted, in yellow, the names of random staff and random offenders we wished to interview. The reviewed list that the audit team received contained all the custody and non-custody staff scheduled to work on the days of the on-site review, sorted by shift.

A majority of the Casa Grande Transitional Housing custody staff work 2, 12-hour shifts, broken down into A & B teams that include the 0600-1800 hours shift and 1800-0600 hours shift. There are a few cross-over shifts to include 0800-1600 hours, 0500-1700 hours, 0500-1300 hours and 0300-1300 hours)

The staff names were randomly chosen to include various work areas, shift schedules and classifications to get a formal response of wide-spread information from around the center.

The offender names were randomly chosen to include some from each of the housing units and classification/custody level.

The auditor also requested a list of offenders, if any, classified/known in any of the following categories:

- Disabled Inmates (Hearing, Vision & Mobility)
- Limited English Proficient Inmates
- Transgender & Intersex Inmates
- Gay & Bisexual Inmates
- Inmates in Segregated Housing for Risk of Sexual Victimization
- Inmates who Reported Sexual Abuse
- Inmates who Disclosed Sexual Victimization during Risk Screening

**Due to the current mission of the Casa Grande Transitional Housing, there were a limited amount of offenders that were reported to be in any of the above listed categories.**

**Offenders housed at Casa Grande Transitional Housing are confined state offenders, parolees and Safe Keepers.**

This list did not specifically identify offenders according to any/all the seven above referenced categories, however, the PREA Compliance Manager worked with the auditor to identify the offenders in the categories, and, after review, a complete list was later supplied.

On-site Review: The audit team conducted a thorough on-site review of the facility. The PREA Coordinator, PREA Compliance Manager and several staff members escorted the tour as a team. Due to the small size of the facility, both auditors stayed together during the on-site tour.

Members of the team toured the facility to include all Housing Units, to include the rooms in 1A, 1B, 2A and 2B. Each room has a maximum capacity of 4 occupants. The tour also included laundry rooms, shower and toilet areas (within the housing units), vocational areas, education areas, culinary areas, dining rooms, Pharmacy, and Medical and Mental Health treatment areas.

As the tour moved throughout the 2-story facility, the team would make a notation on the supplied site map indicating which area had been visited and reviewed.

During the tour, both team members asked impromptu questions (Informal interviews) of staff and offenders, noted the placement and coverage of surveillance cameras, inspected surveillance monitors, identified potential blind spots, and inspected bathrooms and showers to identify potential cross gender viewing concerns, etc. In offender housing units, audit team members tested offender telephones to determine the functionality of the facility's hotline for reporting sexual abuse or harassment. The telephone numbers from the Rape Crisis Center and the number to the Inspector General's Office were called and received with a message line for call back. Approximately two hours later, a staff member from the Inspector General's office notified me that they received my PREA telephone test message through the ICS Solutions phone line.

In offender work areas, audit team members assessed the level of staff supervision and asked questions (Informal interviews) to determine whether offenders are in lead positions over other offenders.

Audit team members also noted the placement of PREA information posters, Nevada Department of Corrections contact numbers and outside agency's numbers, located in offender housing/limited work areas and placement of the PREA audit notices provided to the facility. In most areas, an audit team member took photos to document the on-site review.

PREA Management Interviews: The Agency Head's Designee was interviewed by this audit team, during this cycle, on October 3, 2017. That interview will be used for this audit.

The Victim Advocate, located at the Las Vegas Rape Crisis Center, in Las Vegas and the SANE Nurse and Emergency Room Doctor, located at the University Medical Center Hospital, in Las Vegas, were both interviewed telephonically on January 29, 2018 and January 30, 2018, respectively.

Casa Grande Transitional Housing's Warden Piccinini and PREA Compliance Manager, along with the Statewide PREA Coordinator, were interviewed on-site at the Florence McClure Women's Correctional Center on February 7 and 8, 2018. The Agency Contract Administrator was also interviewed, telephonically, on February 7, 2018.

The auditors worked with facility staff to schedule a time for each interview. The audit team members were escorted to the offices of the respective manager or arranged to utilize another office where the auditor conducted the interviews using the applicable interview protocols and recorded the responses by hand.

All their remarks and documentation presented are in this report.

Specialized Staff Interviews: Using the list of specialized staff received from the PREA Compliance Manager, audit team members were escorted to the work locations of individual specialized staff to perform the required interviews.

The audit team identified 19 specialized staff classifications to be interviewed. Interviews included staff from the following areas at their work locations:

- 2 Medical and Mental Health staff at the Florence McClure Women's Correctional Center site
- 1 Incident Review Team Members at the Casa Grande site
- 1 Staff who Conduct Intake Screening at the Casa Grande site
- 1 Classification Staff at the Florence McClure Women's Correctional Center site
- 2 Investigator Staff members at the Casa Grande site
- 1 Sexual Assault Nurse Examiner (SANE) (Telephonically)
- 2 Victim Advocate from the Las Vegas Rape Crisis Center(Telephonically)
- 1 Human Resources Chief at the Casa Grande site
- 1 Person Responsible for Contractor, Volunteer and Vendor Clearances at the Florence McClure Women's Correctional Center site
- 0 Segregated Housing Staff. There is no Segregation housing at the Casa Grande site.
- 1 Staff who perform Screening for Risk of Victimization at the Casa Grande site.
- 3 various Volunteers / Contractors at the Florence McClure Women's Correctional Center site
- 1 Person Responsible for Monitoring Retaliation at the Casa Grande site
- 3 Higher Level Supervisor at the Casa Grande site
- 1 Food Services staff at the Florence McClure Women's Correctional Center site
- 1 Religious Volunteer at the Florence McClure Women's Correctional Center site
- 1 Head of Education at the Florence McClure Women's Correctional Center site

- 5 First Responders at the Casa Grande site
- 1 at the Casa Grande site's Training Department

Casa Grande Transitional Housing has 22 sworn staff that includes 1 Senior Correctional Officer Two, 1 Senior Correctional Officer and 20 Correctional Officers. Casa Grande Transitional Housing also has 51 non-custody staff members located on the Casa Grande Transitional Housing site that may interact with the offenders and/or the parolees.

Where the circumstances dictate, the auditors would ask to review documentation, logs, computerized tracking, or other material necessary to make a determination of compliance with the standards.

Random Staff Interviews: The audit team identified random staff to be interviewed. The random staff were selected from the shift rosters, considering a variety of work locations and both shifts. Audit team members were escorted to various locations where identified staff members were located for the interviews. The interviews were conducted individually and in private offices. The auditors introduced themselves, communicated the advisory statements to the staff, proceeded to ask the line of questions from the PREA interview protocols for random staff and recorded the answers by hand. Audit team members asked for clarifications where needed to ensure the responses were clear enough to make a determination of compliance with applicable standards. A total of 12 on-site formal random staff interviews were conducted from various categories of staff from a variety of shifts.

During the on-site tour, auditors would stop, speak to staff (Informal interviews) in all categories, and ask 2 to 3 questions about PREA issues to include, training, actions taken, response, communications, etc. These conversations would not take the place of the formal process of questions, they would only be used as an additional tool to supplement the overall audit informational gathering process.

Work shifts for custody staff are as follows:

Broke into A-Day shift, B-Day shift, C-Team, A-Night shift and B-Night shift.

- 1st watch: 0600-1800 hours.
- 2<sup>nd</sup> watch: 1800-0600 hours.

A few custody staff also worked 0600-1400 hours, 1400-2200 hours and 2200-0600 hours.

Non-custody staff worked similar variations of these shifts, to include:

- 0800-1600 hours

Random Offender Interviews: The auditor determined that at least one or more offenders from each housing unit would be interviewed. Audit team members were assigned responsibility for the various offender interviews. Audit team members used the alphabetical roster of offenders to randomly select offenders, from various age groups, ethnicities and races, from their assigned housing units.

Audit team members were escorted to various location where the identified offenders were made available to participate in the interview in a private interview room/office. During our on-site tour, auditors would stop, speak to numerous offenders in all categories,(Informal interviews) and ask 2 to 3 questions about PREA issues to include, training, actions taken, response, communications, etc.

These conversations would not take the place of the formal process of questions, they would only be used as an additional tool to supplement the overall audit informational gathering process.

A total of 15 formal random offenders' interviews were conducted from offenders living in various housing units. There are a total of 323 offenders housed at the Casa Grande Transitional Housing.

PREA-Interest Offender Interviews: Audit team members were assigned responsibility for interviewing specific categories of offenders identified for interviews based upon their relevance to specific PREA standards.

These 8 categories are:

- Disabled Offenders:
- Limited English Proficient (LEP):
- Transgender and Intersex Offenders:
- Gay & Bisexual Offenders:
- Offenders in Segregated Housing for Risk of Sexual Victimization:
- Offenders who Reported Sexual Abuse:
- Offenders who disclosed Sexual Victimization during Risk Screening:
- Offender's that wrote letters to the auditors:

Audit team members selected offenders from the list received from the PREA Compliance Manager. Each offender's housing location was determined from the alphabetical roster and audit team members were either escorted to the offender's housing unit or provided a centralized private office for interviews.

The offenders were escorted to where the auditor was located. The auditor would tell the offender why they were at this center, what their role was in the PREA Audit process and explain why the interviews were being conducted. The auditors would also explain that the offender's participation, although helpful, is voluntary and they could stay or leave at their convenience.

The auditor then asked if the offender wanted to participate, and if so, begin to ask the line of questions in the respective interview protocols. Audit team members also conducted additional interviews of the same offender if a random offender interviewee also disclosed information suggesting that one of the above categories of PREA interest applied to them.

These additional interview would be reflected in this report but only counted as 1 category or the other, but not both.

Document Reviews: The document review process was divided up between auditors. The auditor reviewed the files of all 8 related to allegations of sexual abuse/sexual harassment. The Compliance Log indicated there were 8 administrative allegations and 0 Criminal Allegations. Later, auditors reviewed training records, personnel records, contractor and volunteer records, and reviewed the records maintained through the offender intake process. The auditors collected copies of documents, as necessary.

A thorough review of the Nevada State Department of Corrections Operational Plans was included in all three phases of the audit: Pre-Audit, On-site portion and the Post-Audit.

The auditors responsible for the records review indicated that they chose 15, various category, staff personnel files, chosen from a list of new employees, employees who were promoted and those who have been at Casa Grande Transitional Housing during the past 12 months for review.

Of the 15 personnel files reviewed documents reviewed, 13 showed they were in full compliance with the required information. The other 2 were missing PREA Questionnaire forms, which, were updated, on-site, during the review.

Additionally, 11 staff members training files were reviewed to show that 5 were in full compliance. The other 6 that were missing Acknowledgement Forms. These files were updated while the audit team was on-site.

Finally, 11 offender files, chosen randomly from a Master Roster sheet, were reviewed to show if, though their signed acknowledgement sheets, all had received an Orientation Booklet, PREA Brochure and viewed the PREA video, when they arrived at Casa Grande Transitional Housing and follow-up dates. All 11 offender files reviewed, were in full compliance during the on-site review. 9 of them was in the files of offenders that were also interviewed.

The PREA Compliance Manager and PREA Coordinator provided the audit team with Sexual Incident Reports (SIR) for the 8 allegations received during the previous 12 months. The list included the report number, date of report, name of the victim, name of the suspect, and the disposition or status of the case. The auditor obtained the Sexual Incident Report and Investigative reports from facility investigative staff for each allegation. These reports were reviewed using a PREA audit investigative records review tool to record the following information relative to each investigative report:

- Case#/ID
- Date of Allegation
- Date of Investigation
- Staff or Inmate on Inmate
- Sexual Abuse or Sexual Harassment
- Final Disposition
- Is Disposition Justified
- Investigating Officer
- Notification Given to Inmate

Audit team members recorded this information for the cases reviewed and provided additional relevant information in the space provided for additional notes.

Throughout the on-site review, the team had discussion about what was being observed and reviewed and discrepancies that were being identified.

Audit team members would seek clarification, when discrepancies were identified to ensure that we were not missing pertinent information. The audit team scheduled a close-out discussion telephonically with Warden Piccinini and on-site with the Correctional Manager, PREA Coordinator and the PREA Compliance Manager on February 8, 2018. During this close-out discussion, Casa Grande Transitional Housing staff were provided with an overview of what had been identified as areas of concern during this audit.

## **POST-AUDIT PHASE**

Following the on-site portion of the audit, the audit team met and discussed the post-audit phase and the next steps. This auditor gathered all written information and feedback from the other team member and took responsibility for completing the final report.

Per PREA procedure, starting on August 20, 2016, which is the first day of the first year of the second 3-year audit cycle, certified auditors are required to submit a report to the audited agency within 45 days of completion of an on-site audit.

It is expected that if an auditor determines that a facility does not meet one or more of the standards, this report will be considered an "interim report," triggering a 180-day corrective action period, and the auditor will include in the report recommendations for any required corrective action and shall jointly develop with the agency a corrective action plan to achieve compliance.

The auditor is required to "take necessary and appropriate steps to verify implementation of the corrective action, such as reviewing updated policies and procedures or re-inspecting portions of a facility." At the completion of the corrective action period, the auditor has 30 days to issue a "final report" with final determinations.

Section 115.404 (d) states that, "After the 180-day corrective action period ends, the auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action." The final report, which is a public document that the agency is required to post on its web site or otherwise make publicly available, should include a summary of the actions taken during the corrective action period to achieve compliance.

If the Casa Grande Transitional Housing meets all of the Standards, without the need for a Corrective Action Plan, the final report must be submitted to the facility by March 24, 2018.

This auditor and the PREA Compliance Manager agreed that any documents not received during the pre-audit phase or on-site review would be requested via email and provided by the PREA Compliance Manager.

Audit team members documented all final clarification questions, missing information, and requests for additional documentation, etc. to follow-up with the PREA Compliance Manager and sent the request, through email, on Tuesday, February 13, 2018.

After receiving several documents and pictures from the PREA Compliance Manager, I sent an updated request, via email, to the PREA Compliance Manager and PREA Coordinator on Thursday, March 1, 2018. During these times, there was multiple telephone calls to and from the PREA Compliance Manager and myself.

All of the concerns that the audit team had addressed during, both the on-site audit and exit interview, with the Casa Grande Transitional Housing Administrative Staff, on Wednesday, February 7, 2018 were addressed, documented and satisfactorily corrected by Friday, March 16, 2018. The documents provided were reviewed for completeness and to verify that they meet the requirements per PREA Standards. The interim report was written to include any corrective actions that took place to correct any listed deficiencies plus any additional item that required monitoring and updates.

A copy of this document was forwarded to the Nevada Department of Corrections PREA Coordinator and the PREA Compliance Manager of the Casa Grande Transitional Housing on March 21, 2018.

Audit Section of the Compliance Tool: The auditor reviewed on-site document review notes, staff and offender interview notes and site review notes and began the process of completing the Audit section of the compliance tool.

The auditor used the Audit section of the PREA Compliance Tool as a guide to determine which question(s) in which interview guide(s), which on-site document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking appropriate “yes” or “no” boxes on the compliance tool for each applicable Sub-Section of each standard, the auditors completed the “Overall Determination” section at the end of the standard indicating whether the facility’s policies, procedures and practices exceeds, meets or does not meet standard.

Where the auditor found the facilities policies, procedures and practice did not meet the standard, the auditor entered appropriate comments explaining why the standard is not met and what specific corrective action(s) is/are needed for facility’s policies and procedures to comply with the standard. The auditor entered this information in the designated field at the end of the standard in review.

**Interim Audit Report:** Following completion of the compliance tool, the auditor started completing the Interim report. The Interim report identifies which policies and other documentation were reviewed, which staff and/or offender interviews were conducted and what observations were made during the on-site review of the facility in order to make a determination of compliance for each standard provision. The auditor then provided an explanation of how evidence listed was used to draw a final conclusion of whether the facility’s policies, procedures and practice exceed, meet, or does not meet the standard.

## Facility Characteristics

*The auditor’s description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

Casa Grande Transitional Housing is located in Clark County and is located at 3955 West Russell Road, Las Vegas, Nevada, 89115.

The Casa Grande Transitional housing center has been operating since December 2005. The dormitory-style facility was built to house non-violent, non-sex crime offenders who are within 18 months of their parole eligibility date. The main purpose of the Casa Grande Transitional Housing Center is to allow the residents the opportunity to seek work and secure permanent housing prior to reintegrating into society. Since the inception, Casa Grande Transitional Housing has expanded its programs to include parolees, probation violators, Boot Camps and ex-offenders.

The facility is currently designated a Minimum Security facility which houses male and female offenders, parolees and male Safe Keepers. Casa Grande Transitional housing is a 2-story building with no fence line, no towers and a roving patrol officer. Once approved, offenders can leave grounds in the day and at night, depending on program, work and privilege group.

There are 5 toilets, with closeable half-doors, sinks and 5 showers, with curtains, in a centralized location within each housing unit. The male housing units also have urinals. All are in compliance.

The facility consists of the following housing plan:

- Unit 1A has Male, Community Trustee, General Population offenders in rooms 1-12, with a maximum capacity of 48.
- Unit 1A has Female, Community Trustee, General Population offenders in rooms 13-18, with a maximum capacity 24.
- Unit 1A has Female, parolees, in rooms 19-24, with a maximum capacity of 24.
- Unit 1B has Male, Community Trustee, General Population offenders in rooms 1-13 with a maximum capacity of 52.
- Unit 1B has Female, Community Trustee, General Population offenders in rooms 14-26 with a maximum capacity of 52.
- Unit 2A has Male, Safe Keepers, Court Ordered, offenders in rooms 1-12 with a maximum capacity of 48.
- Unit 2A has Male, parolees, in rooms 13-24 with a maximum capacity of 48.
- Unit 2B has Male, Community Trustee, General Population offenders in rooms 1-13 with a maximum capacity of 52.
- Unit 2B has Male, Community Trustee, General Population offenders in rooms 14-26 with a maximum capacity of 52.

The Casa Grande Transitional Housing has a maximum bed capacity of 400. The population on the day of the main audit was 323.

There is a Control Booth on the Main floor which all staff and visitors must pass by to enter or exit the facility.

Casa Grande Transitional Housing offers activities to all offenders. These activities include voluntary education for High School or GED, recreational library, religious services, self-help counseling groups, and an outdoor recreation yard and indoor gymnasium.

Within the audit, the Operational Plans (OP) and Administrative Regulations (AR) are listed as follows:

- OP 121 Incident Reporting and Notification
- OP 325 Minimum Staffing
- OP 326 Posting of Shifts/Overtime
- OP 421 Custodial Sexual Misconduct, Inmate Sexual Offences and PREA
- OP421.1 Sexual Assault Response and Coordinated Response
- OP 421.2 Inmate Sexual Abuse Incident Reviews and Protection Against Retaliation
- OP 422 Search & Seizure Procedures
- OP 458 Evidence/Contraband Collection, Storage & Disposal
- OP 494 Evaluation, Placement, and Treatment of Transgender and/or Intersex Inmates
- OP 502 Youthful Offenders
- OP 504 Processing of Inmates received at LCC Reception Area
- OP 507 Administrative Segregation
- OP 511 Inmate Orientation
- OP 573 PREA Screening and Classification
- OP 609 Medical standards for PREA Allegations
- OP 707 Disciplinary Process
- OP 740 Inmate Grievance Procedure
- AR 212 Contracts

- AR 300 Recruitment and Hiring
- AR 308 Department Staff and Applicant Records
- AR 326 Posting of Shifts/Overtime
- AR 339 Employee Code of Conduct
- AR 360 Correctional Employee/Officer Basic Training Program
- AR 400 General Security/Supervision Guidelines
- AR 421 Custodial Sexual Misconduct
- AR 457 Investigations
- AR 643 Mental Health Services
- AR 707 Inmate Disciplinary Procedure

## Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

**Number of Standards Exceeded:** 0

**Number of Standards Met:** 43

### **Prevention Planning**

- 115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17 and 115.18

### **Responsive Planning**

- 115.21 and 115.22

### **Training and Education**

- 115.31, 115.32, 115.33, 115.34 and 115.35

### **Screening for Risk of Sexual Victimization and Abusiveness**

- 115.41, 115.42 and 115.43

### **Reporting**

- 115.51, 115.52, 115.53 and 115.54

### **Official Response following an Offender Report**

- 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67 and 115.68

### **Investigations**

- 115.71, 115.72 and 115.73

### **Discipline**

- 115.76, 115.77 and 115.78

**Medical and Mental Care**

- 115.81, 115.82 and 115.83

**Data Collection and Review**

- 115.86, 115.87, 115.88 and 115.89

**Number of Standards Not Met:** 0

**Summary of Corrective Action (if any)**

The on-site portion of the audit was a consistent paced review of all areas of the center. Facility staff were very helpful and responsive to the questions and concerns expressed during this portion of the audit. Facility staff went above and beyond, regarding seeing to the needs of the auditors and the continued hospitality.

The audit of this center went very well. Casa Grande Transitional Housing staff were very helpful and responsive to the needs of the auditors and any concerns that were expressed, in the pre-audit, on-site portion and post-audit process. The audit team thanks the Warden, PREA Coordinator, PREA Compliance Manager and the entire staff for this because it simplified the process that needed to be completed.

Overall, it is evident that staff at the Casa Grande Transitional Housing has been working toward continual compliance with the PREA standards.

Due to their hard work and dedication to achieving sexual safety for the offenders, the facility was in full compliance with a large majority of all the standards at the beginning of the post-audit phase of this audit process. They are to be commended.

Some of the positives observed by the audit team included:

- Casa Grande Transitional Housing's staff, as well as the Statewide PREA Coordinator and PREA Compliance Manager fully understood the standards and were able to provide the needed information/documentation.
- Through documentation and previous audit review, the staff has shown they take PREA seriously and fixed any/all issues of non-compliance found during their previous audit.
- Curtains and half-doors in the shower and toilet areas, provide good mitigation to cross gender viewing.
- PREA posters, with current notification numbers and addresses, in English/Spanish were located next to every offender telephone and on all common area bulletin boards.
- Announcement of opposite gender staff entering the housing units seemed to be routine and part of everyday business.
- The information provided by the offender population indicates they understand their rights to be free from sexual abuse and explained to the auditors how they would report an allegation. Most offenders stated they could freely speak to staff about PREA issues.

Some of the areas of general concern, at the completion of the Interim period, included:

- **115.31 Training**

At the completion of our on-site audit, all of the staff training files reviewed were in compliance. However, there was not a mechanism in place to show that 100% of staff are trained at any given time. This process has now been activated and it will make Casa Grande in compliance. I will review this process again in 45-60 days to determine that the process continued to be put into practice and achieving the goals needed to meet this Standard.

**Updates:** As of May 20, 2018, the auditor had received several emails that included the new mechanism that is able to track all training for the Casa Grande Transitional Housing staff. During the creation and implementation of this new process, training staff identified those limited staff that were out of compliance at the time of the review. This tracking sheet lists the following: Every employee's name, Employee Number, Duty Location, Continuous Service date, most recent In-Service Training date, most recent Refresher Training date, and a comment section. A list was generated and sent to the PREA Coordinator and Casa Grande Transitional Housing PREA Compliance Manager who oversaw the training and, after completion, collected the training sign-in documents. The Lesson Plan, Excel Staff Tracking Sheet and completed sign-in sheets were all scanned and forwarded to the auditor. This update and continuing training tracking process satisfies this Standard.

- **115.71 Investigations**

At the completion of our on-site audit, 3 of the investigation files were missing pieces of documentation needed to show an investigation was completed thoroughly. Though investigation report reviews indicated the work had been completed, documentation within the files could not prove that. Additionally, some timeframes were longer than normal without documented explanations. Since that time, the investigation team has worked hard to produce the documentation needed to bring Casa Grande Transitional Housing into compliance with this Standard. I will review this process again in 45-60 days to determine that the process continues to be put into practice and achieving the goals needed to meet this Standard.

**Update:** As of May 20, 2018, the auditor has received copies of the new procedure that began April 19, 2018 and was put together with support from the Inspector General, Criminal Investigation Supervisor and the PREA Program Officer. The new procedure discusses and hold staff accountable to ensure who completes the Initial Review, and, if allegation meets or appears to meet a PREA Violation, which steps are taken. First, the Incident is submitted in their Nevada Offender Tracking Information System, then the referral is reviewed, an investigator is assigned and the process is given a timeline that is tracked for completion dates. In rare cases where a time extension is required, the Extension Request form is filled out and approved/disapproved by the Inspector General. Additionally, a review of how documentation is presented within every case file was performed. After the review and reorganization, each case file is indexed into sections and consistency match every other file for ease of documentation/process completion and accountability. This update and continuing procedure satisfies this Standard.

During the Post-Audit process, February 9, 2018 through May 20, 2018, the Nevada Department of Corrections PREA Coordinator and the Casa Grande PREA Compliance Manager informed the auditor by telephone or emailed on what their plans were, how they were going to accomplish them and sent the required documentation (Procedures, Lesson Plans, Tracking systems, Training sign-in sheets and/or certificates of completion). This work was appreciated and indicates their commitment to sexual safety for offenders. The staff at the Casa Grande Transitional Housing are to be commended.

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  Yes  No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Director or Designee
  - PREA Coordinator
  - PREA Compliance Manager

Administrative Regulation 421, updated on January 14, 2016, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act Policy outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy. The policy further outlines implementation of the agency's approach to prevent, detect, and respond to sexual abuse and sexual harassment. The 11-page policy provides definitions of prohibited behaviors and a description of agency strategy and response to reduce and prevent sexual abuse and harassment of offenders. In many cases the policy mirrors the language contained in the PREA Federal Standards.

During interviews, the Agency Head's designee and Casa Grande Transitional Housing Warden confirmed the agency's commitment to achieving PREA certification and the agency's zero tolerance policy.

The policy mandates that a PREA Coordinator will be assigned, at the Level of Executive Director. Deborah Striplin is currently assigned as the agencies PREA Coordinator. This is confirmed by review of the agency organizational chart provided with the pre-audit questionnaire. Ms. Striplin has regular contact with the 16 assigned PREA Compliance Managers through site visits, emails and direct conversations. In addition, Ms. Striplin was at the facility, for the entire on-site-review and answered questions, as needed. Mr. Striplin is leading the agency's commitment to attain PREA compliance. During her on-site interview with the auditors, it was evident Ms. Striplin was very knowledgeable about the standards and could explain the processes that each facility followed in preparation for this audit. Ms. Striplin's job is complex but assured and demonstrated she is able to fulfill all required duties as the Statewide PREA Coordinator and has the authority to make any/all changes to any needed PREA issue.

The policy mandates the assignment of the facility PREA Compliance Manager. Helen Peterson is currently assigned to the role of PREA Compliance Manager at the Casa Grande Transitional Housing. Ms. Peterson reports to the Inspector General, Ms. Striplin, for PREA related questions and issues. The facility organizational chart identifies Ms. Peterson as the Casa Grande Transitional Housing PREA Compliance Manager. During formal and informal discussions with the auditors, it was evident Ms. Peterson was very knowledgeable about the standards and could explain the processes the facility followed in preparation for this audit. Once reviewed, any questions or concerns during the audit process were responded to with factual answers and/or documentation.

Ms. Peterson indicated that she is also the centers Correctional Case Specialist III.

During the interview with auditor's, Ms. Peterson stated that the PREA process is time consuming but she is able to fulfill all required duties as the Casa Grande Transitional Housing PREA Compliance Manager and has the authority to make any/all changes to any needed PREA issue.

Ms. Peterson is also the PREA Compliance Manager at Florence McClure Women's Correctional Center. Casa Grande Transitional Housing is approximately 15 miles away from the Florence McClure Women's Correctional Center.

The staff at both facilities look to Ms. Striplin and Ms. Peterson to provide direction regarding PREA compliance. It was also clear that Ms. Striplin provides guidance, as needed, to the PREA Compliance Managers.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.12: Contracting with other entities for the confinement of inmates**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.12 (a)**

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

### **115.12 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions.*

*This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### **Evidence Reviewed (documents interviews, site review)**

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Agency Contract Administer

The Nevada Department of Corrections contracted with private agencies or other entities during this audit timeframe. During an interview with the Warden of the Casa Grande Transitional Housing, he stated that only 1 contract, for the confinement of offenders was in effect, at this time. The Warden also stated that if another contract were to be put into place in the future, the required language would be in compliance with the PREA Standard.

Upon review, the Auditor found that the websites of the Nevada Inspector General and the website for the Nevada Department of Corrections states there was 1 contract currently in place for confinement of offenders.

Additionally, a memorandum, authored by Nevada Department of Corrections PREA Coordinator, dated November 21, 2017, stated that the Nevada Department of Corrections contracted with 1 entity for the confinement of inmates, during this audit period, with the State of Arizona, was reviewed.

Further review showed completed audit, dated February 28, 2015, for the Arizona center that are holding up to 200 offenders for the Nevada Department of Corrections.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.13: Supervision and monitoring**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.13 (a)**

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the center programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:

- Agency Head or Designee
- Warden
- PREA Coordinator
- PREA Compliance Manager
- Intermediate or Higher Level Facility Staff
- Observations of supervision ratios during our on-site review rounds

The Warden and PREA Compliance Manager stated that during development of the staffing plan, the eleven (11) criteria outlined in standard provision 115.13(a) were considered. It was provided with the PAQ and reviewed by the auditor.

Operational Procedure 326, dated September 2017, the 2017 staffing plan, establishes a minimum staffing level during the day shift and night shift. Custody Supervisors are assigned to each shift. Supervisors in areas identified in the staffing plan were available for questions by auditors during the on-site review. Casa Grande Transitional Housing currently has 52 cameras on the Casa Grande site. The cameras are monitored in Central Control and are in real time. The current system does not allow recordings to be made. This system is continually being evaluated for possible upgrades.

The current staffing plan is evaluated annually or more frequently if needed, and provides for adequate levels of staff to protect offenders against abuse. The staffing plan was predicated upon an average daily offender count of 340, the average daily number of offenders during the time of the audit was 323.

Deviations from the staffing plan are documented on the shift rosters, as required by policy. Once a deviation is discovered, line staff informs the shift commander who locate appropriate staff to fill the watch. If staff is not available, the shift commander notifies the Associate Warden to review, fill and maintain a full watch. In the pre-audit questionnaire and during the on-site review, Casa Grande Transitional Housing staff provided several copies of shift rosters that displayed the deviations that had occurred and the reasons for the deviation. The reasons for deviations included sick leave, long term medical, military duty, etc. It also indicated what process they used to fill the post.

Operational Plan 400, page 4 of 9, mandates that intermediate level or higher level supervisors conduct and document unannounced rounds on all shifts. These rounds are documented on the shift report including the date, time, and person's name who made the rounds. During our multiple site tours over the three days, we saw 8 or more different upper level managers make unannounced rounds in various housing units and work areas. Also, audit team members reviewed unit logs and noted consistent entries by supervisors on both the day and night shifts.

Policy further states that staff are prohibited from alerting other staff when these rounds are occurring, barring legitimate operational functions of the facility.

There were 2 formal interviews conducted with intermediate or higher level staff. This interview affirmed that staff are making unannounced rounds and documenting these rounds. In addition, during 12 random formal interviews and discussions with staff, who were asked about the policy on the unannounced rounds, the staff stated that supervisors conduct unannounced tours of their housing units and document them in the log book. This was proven by a Logbook review.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.14: Youthful inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Staff who would supervise Youthful Offenders
  - Staff who would Educate or run Programs for Youthful Offenders
  - Any Youthful Offenders

Operational Procedure 502, dated September 30, 2017, Youthful Offender, ensures that, if youthful offender are housed at Casa Grande Transitional Housing, offenders under the age of 18 are housed in a unit where youthful offenders will not have sight, sound, or physical contact with any adult through the use of a shared dayroom or other common space, shower area, or sleeping quarters. Additionally, all Sexual Abuse reports made by a youthful offender would be immediately reported to the shift supervisor and the PREA Compliance Manager where the offender is housed.

During on-site tours and interviews, the audit team found that the Casa Grande Transitional Housing does not housed any offenders under the age of 18 years old.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.15: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  Yes  No

### 115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### **Evidence Reviewed (documents interviews, site review)**

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Staff Roster
- Offender Roster
- Interviews with the following:
  - Random Staff
  - Random Offenders
  - LGBTI Offender
- Observations of announcements being made by staff during our on-site review rounds

Operational Procedure 422.03, dated September 25, 2015, Search of Offenders, page 3 of a 16 page document, clearly prohibits cross gender strip searches and body cavity searches except in exigent circumstances. If exigent circumstances arise, these searches are documented on the incident report within the Nevada Offender Tracking Information System (NOTIS). OP 422 states that offenders must be able to shower, perform bodily functions and change clothing without non-medical staff of opposite gender viewing their breasts, buttocks and genital areas except in exigent circumstances or when viewing is incidental to routine cell checks.

Operational Procedure 422.03 (d) also requires staff of the opposite gender to announce their presence when entering an offender housing unit and prohibits staff from searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status. This information is also logged on a Daily Shift Log every shift.

There was 12 formal random staff questioned about cross gender search practices. All staff reported that cross gender strip searches or cross gender body cavity searches do not occur at this facility.

The pre-audit questionnaire reported no incidents of cross gender strip or body cavity searches in the last 12 months. During the interviews with the Warden and the PREA Compliance Manager, there were no incidents of cross gender strip searches in the past 12 months.

Of the approximately 15 formal offender interviews, all offenders reported that they were able to toilet, shower and change clothes outside the view without staff of the opposite gender viewing them.

All offenders reported hearing opposite gender staff announce their presence when entering the housing unit. All staff interviewed reported that opposite gender staff announcements are made when entering the housing units.

During the on-site tour, opposite gender staff were observed entering the housing units and announcements of their presence were made over the PA system or in a loud voice.

Opposite gender supervisory staff were announced by unit staff via the PA system or a loud voice when entering the offender housing units with the auditors.

All of the 11 training files we reviewed indicated 100% of the staff received training in proper search procedures. Auditors reviewed the search curriculum and proof of training documents.

During the formal random staff interviews, all 12 staff recall receiving training on opposite gender pat searches, to include the specific training on searches of transgender/intersex offenders. Additionally, all random staff were able to tell the auditors how they would conduct transgender pat searches and did recall training on being respectful and referring to transgender and intersex offenders appropriately. All 12 random staff's formal interviewed, indicated they had had some type of PREA training within the last year.

We reviewed 11 hard copies of centralized training records; it was clear that most training for all staff had been conducted during the last year. All others were giving training during the previous 6 months. A small number of staff who were off work, and had not returned, had not received the training.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.16: Inmates with disabilities and inmates who are limited English proficient**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Offender Rosters
- Interviews with the following:
  - Agency Head or Designee
  - Random Staff
  - Disabled Offenders
  - Limited English Proficient Offenders
- Observations of PREA posters during our on-site review rounds
- The contract with the CTS, Language Link, Incorporated, based out of Vancouver, Washington was reviewed.

Written documents, to include the PREA brochures are provided in English and Spanish to the offender population. During the tour, it was noted that PREA posters and Victim Advocate memorandums were prominently displayed in areas in both English and Spanish. During discussion with the PREA Compliance Manager, she shared that brochures are available in braille, for offenders who are able to read braille.

The PREA Compliance Manager stated the offender handbook is provided in English and Spanish and the language line from Corporate Translation Services (CTS, Inc.) is available to provide interpreter services for and non-English proficient offenders.

The CTS, Inc, is an Interactive Voice Response (IVR) system that allows staff, on behalf of the offenders, to quickly select and be connected to an interpreter. Offenders that cannot communicate at all with any staff are shown the Point to your Language board by custodial staff. It is an 8 ½" x 11" cardboard sheet that has numerous language, written in that language, that an offender can point to.

The 12 random staff that were interviewed recalled the process of utilizing the Language Line for interpreter services. Most indicated they would first try to find another staff member to provide translation or contact a supervisor. The Supervisory staff interviewed was all aware to the phone numbers and process. The Language Link 'How to Access' posters were seen in all supervisory offices.

Both the Staff and Offenders were familiar with the process and access was accomplished in a timely manner. It was apparent that use of the system with this offender was not very frequent.

An LEP offender (Spanish) interviewed stated that he was able to access the interpreter services through a custody supervisor when needed to understand information and to ask questions. He also said that he had received information on PREA, in Spanish, and felt he could make a report if he needed to.

During the tour of the facility, Spanish versions of the PREA posters were posted in each housing unit, work area and by the offender telephones. While interviewing intake staff, they explained how they read to policy to offenders, if any, who are vision impaired or unable to read English. These times are very limited due to the mission of the center.

Staff interviewed indicates that offender assistance as interpreters would not be used when responding to a PREA allegation as this would be deemed confidential.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.17: Hiring and promotion decisions

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other center (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other center (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates?  Yes  No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

## 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Pre-Employment Questionnaire for new applicants
- Interviews with the following:
  - Administrative (Human Resources) Staff
- Personnel files for current employees, new employees and employees receiving promotions.
- The Hiring and Promotion memorandum, authored by the PREA Program Officer, dated March 23, 2017, Nevada Department of Corrections Forms 053, Agency PREA Zero Tolerance Policy, Form 1057, Agency Applicant and Current Employee Questionnaire, was reviewed.

During the on-site review, a random sample of applications for contractors and employees and a random sample of criminal records and background checks were reviewed by the audit team. Informal conversations and the formal interview with the human resource staff was conducted.

The number of persons hired over the past 12 months who may have contact with offenders who have had criminal records checks was reported as 22.

Of the 15 personnel files reviewed by the audit team, all, except, 2, were up to date with the current questions and documentation. Those two were amended and brought up to date while we were on-site.

During the interview with the Warden, he explained, that in the event that a contractor is no longer allowed on grounds or access to offenders due to violation of sexual abuse policy, their name is placed on a statewide 'Stop' list. This list is reviewed when completing security clearances for new contractors or employees.

Document 1957, dated September 2017, reviewed, and showed that the two questions, containing all information required, are being asked on state applications and on the pre-interview questionnaires for staff. Backgrounds checks on custody and non-custody staff are maintained on site. Both were reviewed by audit team members. Personnel file reviews are required prior to making hiring decisions.

A formal interview with the human resource supervisor was conducted during an off-site visit to Casa Grande Transitional Housing.

Administrative Regulation 212, Contracts, Administrative Regulation 300 Recruitment and Hiring, and Administrative Regulation 308 Department Staff and Applicant Records, were reviewed.

Policy prohibits the hiring or promotion of anyone who may have contact with offenders, who have engaged in the 4 criteria outlined in standard provision 115.17(a). It also mandates the agency to consider any incidents of sexual harassment in determining whether to hire or promote anyone that may have contact with offenders.

AR 421.04 states that a criminal background records check be completed before hiring staff that may have contact with offenders and make best efforts to contact all prior employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The policy requires a criminal background records check be performed before enlisting the services of any contractor who may have contact with offenders. It requires that all applicants & employees who may have contact with offenders be asked directly about previous sexual misconduct in written applications or interviews for hiring or promotions and in interviews or written self-evaluations conducted as part of reviews of current employees.

PAP #04-03-103 imposes upon employees a continuing affirmative duty to disclose any such previous misconduct.

It mandates that material omissions regarding sexual misconduct, or the provision of materially false information, shall be grounds for termination and requires the agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an authorized employer for whom such employee has applied to work.

Human Resource staff stated the facility performs criminal record background checks through the National Crime Information Center and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with offenders and all employees being considered for promotions.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.18: Upgrades to facilities and technologies**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse?
- (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Agency Head or Designee
  - Warden
  - PREA Compliance Manager
- Observations of physical plant during our on-site review rounds

The PREA Compliance Manager indicated there have been no recent modifications/additions to the video monitoring system.

The video process was viewed during the on-site review and the PREA Compliance Manager explained that the placement and camera angles covers all areas on institutional grounds and takes into further consideration, areas that PREA incidents were alleged to have occurred.

During interviews with the Agency Head's Designee, he stated that when any project where installation or updating of video equipment is anticipated, a case by case review is included in the determination of locations. Areas where PREA incidents have occurred or where blind spots have been identified are considered in the case by case review.

The Warden told the auditor that the Casa Grande Transitional Housing reviews all previous PREA reports and considers identified blind spots in determining the placement of cameras.

**Corrective Action:** No corrective action was required for this standard.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate?  Yes  No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

## Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Offender Roster
- Interviews with the following:
  - PREA Compliance Manager
  - Random Staff
  - Required SAFE/SANE staff from University Medical Center, in Las Vegas to include their MOU.
  - Required Victim Advocate staff from the Rape Crisis Center, in Las Vegas, to include their MOU.
  - Offenders that reported Sexual Abuse

Operational Procedure 458, Evidence/Contraband Collection, Storage and Disposal, dated November 2015, Operational Procedure 421.1, Sexual Assault Response and Coordinated Response, dated September 25, 2015 and Operational Procedure 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, were provided to the audit team for review.

The agency is responsible to conduct both administrative and criminal sexual abuse investigations for incidents of offender on offender and staff sexual misconduct. Policy provide uniform evidence protocol for sexual abuse.

The facility, through OP 421.1.04, ensures that offenders who allege the incident occurred within the last 72 hours are offered a forensic medical examination and if accepted, transported promptly to ensure evidence is not lost.

The facility, through the existing MOU, is following the growing trend across the United States in the use of Sexual Assault Nurse Examiners (SANEs) to conduct the exam. SANEs are registered nurses who receive specialized education and fulfill clinical requirements to perform these exams. The facility strives to ensure that victims of a recent sexual assault have access to specially educated and clinically prepared examiners to perform the medical forensic exam. Investigative staff are trained in the collection and preservation of evidence, according to jurisdictional policy, which might include:

- Offenders' clothing and underwear and foreign material dislodged from clothing;

- Bedding or other items identified by the offender; and
- Foreign materials on offenders' bodies which might be lost during transport, including blood or body fluids, fibers, loose hairs, vegetation, or soil/debris.

In policy, there is specific language for staff to separate victim and perpetrator and to ensure both do not destroy evidence, secure the scene and either secure or obtain usable physical evidence

The Policy indicates that when SAFE or SANE staff are not available, a qualified medical practitioner performs the forensic medical examination. The SAFE/SANE contract indicated they have someone available 24 hours per day/ 7 days per week to conduct forensic exams.

Based on discussions with staff and a review of the policy, the agency offers all offenders who experience sexual abuse access to a forensic medical examination at no financial cost to the victim, where evidentiary or medically appropriate. Exams are performed by SAFE or SANE staff whenever possible and the facility documents efforts to provide SANE or SAFE staff.

According to the PAQ and document reviews, over the past 12 months, no forensic medical exam had been conducted.

The PREA Compliance Manager was interviewed and verified that the role of the Victim Advocate is provided through OP 421.1.04 and the MOU with the Rape Crisis Center of Las Vegas, Nevada.

Formal Interviews with 12 random staff indicate that staff would contact their supervisor and close off the cell to limit who had access. They would separate the victim and suspect. Photographs would be taken. They would make sure all evidence was collected and the offender was offered a SANE exam, if warranted. Staff indicated that investigators from the Inspector General's Investigative Staff, in most cases, handles this process.

Through a telephonic interview with a SANE staff member, the auditor was informed that services are provided 24 hours a day 7 days a week. When services are requested, the SAFE/SANE staff's maximum response time is one hour from the time of notification. These services are provided at the University Medical Center, in Las Vegas, Nevada. SAFE/SANE services are provided by the SAFE/SANE staff. In the event of life threatening injuries, the emergency room physician may perform the services.

Review of the Las Vegas Rape Crisis Center's MOU, for Victim Advocate Services, determines the MOU is written to service victims during forensic exams at the hospital. In compliance with the existing MOU and as requested by victim, a victim advocate or qualified community-based organization staff member accompanies and supports the victim in all steps of the forensic medical examination and investigation.

The victim advocate provides assistance and support during the forensic medical examinations through the local process. Victims are provided with the victim advocate contact information and are given, education, mental health referrals, and offered follow-up services.

In talking with the SANE staff of the Rape Crisis Center staff, both are very knowledgeable of PREA Standards and have good communications with the centers they serve.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.22: Policies to ensure referrals of allegations for investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]  Yes  No  NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### **Evidence Reviewed (documents interviews, site review)**

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Agency Head or Designee
  - Investigative Staff

Operational Procedure 740, Inmate Grievance Procedure, dated August 23, 2017, and AR 457, Investigations, dated October 15, 2013, were reviewed.

Policy states that offenders are not required to use the informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of Sexual Abuse. It continues to state that the regular timeframes are waived for allegations of Sexual Abuse regardless of when the incident is alleged to have occurred.

OP 740 continues to states any third party reporting of sexual abuse against an inmate cannot be rejected. Third party reporting includes: Fellow inmates, staff members, family members, attorneys and outside advocates.

All third parties reporting will be referred to the Warden or designee for entry into Nevada Offender Tracking Information System after the alleged victim is interviewed and agrees to pursue administrative remedies. If the inmate declines to have the request processed it shall be documented.

At any time an inmate may file an Emergency Grievance for issues involving substantial risk of imminent sexual abuse. All Emergency Grievances alleging substantial risk of imminent sexual abuse shall be forwarded to the highest ranking staff member on duty so that corrective action may be taken immediately.

A decision will be made immediately or within one (1) hour of receipt of the Emergency Grievance. The person responding to the Emergency Grievance shall speak with the inmate and document any corrective action that was made or taken using the Nevada Offender Tracking Information System reporting system. All actions should afford inmates access to medical/mental health services.

All Emergency Grievances will be referred to the Associate Warden or PREA Compliance Manager for follow up within 2 days of receipt of the Emergency Grievance. The Associate Warden or PREA Compliance Manager will ensure that the incident has been referred for investigation and that the inmate has been afforded appropriate medical, mental health and safety considerations.

This investigation shall be conducted by either the facility's Internal Investigator or staff from the Inspector General's office, located at in Las Vegas. It further requires that all allegations of sexual abuse shall be investigated even when the alleged perpetrator or alleged victim have left the

Department's employment, or are no longer under the Departments authority. The facility documents all allegations on a Sexual Incident Report.

Nevada Department of Corrections employees have trained peace officer staff that have the authority to conduct sexual abuse/sexual harassment investigations.

During the interview with the Warden, he stated that all allegations of sexual abuse and sexual harassment are taken seriously. He insures that every allegation received is investigated completely. All staff interviewed knew their responsibility to report any allegation of sexual abuse/sexual harassment.

The Agency Head's Designee stated that the agency, through the PREA Coordinator, ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Investigative staff stated that the agency has authority to conduct criminal investigations. Criminal cases are referred to the Nevada State Police, when deemed necessary.

Investigative staff stated that all allegations are documented on a Sexual Incident Report and are referred to them for investigation.

**Corrective Action:** No corrective action was required for this standard.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No

- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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### **Evidence Reviewed (documents interviews, site review)**

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Random Staff
  - In-Service Training Records
- Training curriculum, both hard copy/electronic
- Training verification Logs
- Employee training records

The audit team reviewed Operational Procedure 421, Custodial Sexual Misconduct, Inmate Sexual Offences and PREA, Administrative Regulation 360, Correctional Employee/Officer Basic Training Program, the PREA Presentation Guide, Training Records, In-Service Training Acknowledgement Form, and Training Acknowledgement Sheets.

The training curriculum includes 9 of the 10 criteria outlined in standard provision 115.31. The requirement for civil immigration was not addressed in their policy or lesson plan because Nevada Department of Corrections does not house offenders detained for civil immigration purposes. Employee training tailored to the gender of the offenders is provided at the employee's facility on an annual basis and provides employees additional training if he/she is reassigned from a facility that houses only male offenders to a facility that houses only female offenders or vice versa.

OP 421 states that Any employee, contractor, or volunteer who has any knowledge, suspicion, information, or becomes aware of any alleged act of sexual abuse or sexual harassment by another employee, contractor, or volunteer is required to immediately report the knowledge, suspicion, or information to his or her immediate supervisor.

Also that all staff shall immediately report any other employee's neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment or retaliation.

The In-Service Training lesson plan is a general lesson plan designed to help train all levels of staff on the implications of PREA. Refresher training is scheduled on an annual basis.

Two phases of PREA training is provided. Initial training is provided during orientation and additional facility specific training is provided later through on-the-job training. The training is tailored towards a female offender population.

Through 12 formal random staff interviews, the auditors learned that all 12 staff had received formal training on PREA within the last 12 months. The refresher On-the-job training was conducted the year prior. The training included prevention, detection, reporting and response. The policy is zero tolerance and retaliation is not allowed. Staff also indicated they had been provided with written information.

During the on-site visit, record reviews were conducted and it was determined that the 12 staff, to include custody, non-custody, contract and volunteers, had received and are current in the mandatory PREA training by the conclusion of our post-audit.

PREA training requirements mandate attendance at the required training is documented, through employee signature that they understand the training they have received. Employees are required to complete the Acknowledgement of Receipt of Training and Brochures "Sexual Assault Prevention" upon completion of training. As part of this acknowledgement process, the employee is certifying that they understood the training materials

**Corrective Action:** At the completion of our on-site audit, all of the staff training files reviewed were in compliance. However, there was not a mechanism in place to show that 100% of staff are trained at any given time. This process has now been activated and it will make Casa Grande in compliance. I will review this process again in 45-60 days to determine that the process continued to be put into practice and achieving the goals needed to meet this Standard.

**Update:** As of May 20, 2018, the auditor had received several emails that included the new mechanism that is able to track all training for the Casa Grande Transitional Housing staff.

During the creation and implementation of this new process, training staff identified those limited staff that were out of compliance at the time of the review. This tracking sheet lists the following: Every employee's name, Employee Number, Duty Location, Continuous Service date, most recent In-Service Training date, most recent Refresher Training date, and a comment section. A list was generated and sent to the PREA Coordinator and Casa Grande Transitional Housing PREA Compliance Manager who oversaw the training and, after completion, collected the training sign-in documents. The Lesson Plan, Excel Staff Tracking Sheet and completed sign-in sheets were all scanned and forwarded to the auditor.

**Updated Corrective Action:** No corrective action was required for this standard.

## Standard 115.32: Volunteer and contractor training

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

#### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

#### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

## Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Volunteers
  - Contractors
- Training curriculum, both hard copy/electronic.
- Training verification Logs
- Volunteers and Contractor training records

Administrative Regulation 802, Community Volunteer Program, was reviewed by the audit team.

AR 802 states that if circumstances suggest that a volunteer has been compromised into a personal relationship with an offender, or through any other situation or event, that volunteer will be excluded from the center/facility pending an investigation into the situation. Additionally, if a volunteer is found to have been compromise will be permanently barred from participating as a volunteer for the Department in any capacity.

The policy mandates all volunteers and contractors who have contact with offenders to be trained in their responsibilities under PREA. The facility has 50 volunteers and contractors currently authorized to enter the facility. All have been trained in the agency's policies and procedures per policy. The policy further mandates the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with offenders. Both volunteers and contractors have been notified, through documented training, of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. During the site visit, 2 volunteers and 2 contractors were interviewed and their training records were checked.

All training records reviewed consistently showed that the training had been provided previously and during the last 12-month period. The facility has a good process in place to ensure contractors and volunteers receive PREA training.

During the interviews, auditors were told that volunteers and contractors are provided PREA training annually through a 53-slide PowerPoint and handout materials. All of the individuals who were

interviewed were able to explain to the auditor the components of the training and the requirement to report immediately, should they be made aware of an incident. Verification of this training being received is recorded via completion of the PREA Acknowledgement of Receipt of Training and Brochure.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

### 115.33 (c)

- Have all inmates received such education?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?  Yes  No

### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Intake staff

- Random Offenders
- Facility Orientation Booklet
- Facility PREA Brochure
- On-site review of physical plant, PREA poster locations, educational material within housing units, common areas, education areas and work/recreation stations.
- The Offender Handbook, the Offender Orientation packet, PREA Offender Orientation Checklist, and PREA posters were reviewed by the audit team. The audit team reviewed written materials in English and Spanish. The auditors were also shown the brochure in braille.

Operational Procedure 421, mandates that offenders receive information at intake regarding the zero-tolerance policy and how to report incidents of sexual abuse/harassment.

This information is provided throughout the documents. It further mandates that within 30 days of intake, offenders receive comprehensive education either in person or through video regarding their rights to be free from sexual abuse/harassment and retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

During the intake process, 693 offenders were admitted to the facility over last 12 months whose length of stay in the facility was for 30 days or more, per facility characteristics, all of them were provided with PREA information including, their right to be free from sexual abuse, and policies and procedures for responding. The percentage of offenders provided the information vs total offenders admitted during the past 12 months was 100%.

During interviews with Intake staff, they shared that offenders are provided with orientation upon arrival at their new center. Offenders sign an acknowledgement form which is maintained in the offender's file. The orientation is generally provided on the same day as the offender arrives, or in rare cases, the following day.

During the 15 formal offender interviews, all of the offenders remembered receiving written materials (Offender handbook and brochure) when they arrived at the center. The offenders interviewed that had been at the facility for more than 12 months, indicated that they saw a video and had seen information in the offender handbook. All of the inmate formally interviewed remembered the information provided. Of the offenders who recalled receiving information (verbally, by video or in writing), they all indicated it was the same day, but a few stated they believed it may have been the second day.

The offenders were asked to explain what they were trained on and we received the following general responses: to be free from abuse, what phone numbers to use in case of incident, where the numbers and address were located, what was/was not confidential.

Administrative Regulation 421 mandates the agency to provide offender education in formats accessible to all offenders, including those who are Limited English Proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills. The agency has information in Spanish, access to a Translator in many languages and have a braille brochure for the visually impaired, and states they would read the offender handbook to the offender to provide effective communication, if necessary.

The policy ensures that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats.

The facility maintains documentation of offender participation in PREA education sessions. Documentation is made via their signature on the Casa Grande Transitional Housing Intake PREA Acknowledgement Form which is maintained in the offender file.

The staff members in charge of the orientation process showed us the 3 minute intake video, portions of the 30 minute Orientation Video and walked us through the entire orientation process. Afterwards, we reviewed 15 offender files that showed the date the offender had received the required information with a signed receipt indicating their name and Nevada Department of Corrections number, by the 3 minute video, the 30 minute comprehensive video and the 30 day reassessment meeting notation.

During the site visit, the team observed posters available for viewing around the center in housing units and other areas. There are slides about PREA being run continually on the offender television system, however, some offenders do not possess televisions.

The auditing team was shown the Intake process to include the Objective Screening Tool that is competed for each individual offender that comes into the Casa Grande Transitional Housing.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)]  
 Yes    No    NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Investigative Services staff
- Training curriculum
- Training verification certificates for investigators

The Nevada Department of Correction's Prison Rape Elimination Act Confidential Manual is a document updated in April 2016, Inspector General's Specialized Training Curriculum, training records and certificates, received by the staff from the Inspector General's office were reviewed by the audit team.

Administrative Regulation 421 mandates that in addition to the general training provided to all employees, the facility shall ensure that, to the extent the agency itself conducts sexual abuse investigations; its investigators have received training in conducting such investigations in a confinement setting. This agency is trained to conduct both administrative and criminal investigations on sex abuse cases. It requires that the agency maintain documentation that investigators have completed the required specialized training in conducting sexual abuse investigations.

Administrative Regulation 421 requires specialized training to include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecutor referral.

All of the 19 Inspector General's Investigative staff receive training specific to conducting sexual abuse investigations in confinement settings. Trainings include, but not limited to, interviewing techniques, reporting, evidence collection, tracking retaliation, responsibilities of the PREA process, Medical/Mental Health requirements, Sexual Abuse Incident Review concerns, Criminal/Administrative Investigative process, and confidential issues as they pertain to the PREA process.

Through documentation reviews, all 19 Category I/II investigator training certificates were provided which demonstrate completion of PREA Standards Specialized Training. Training is provided by PREA Online Training, powered by Taleo Learn.

Investigative staff interviews confirmed knowledge and receipt of specialized training in all areas required per this provision during continual training and the investigators academy/training.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.35: Specialized training: Medical and Mental Health care

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes

#### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  
 Yes  No

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Medical staff
  - Mental Health staff
- Training curriculum

Confidential Operational Plan 609, Medical Standards for PREA Allegations, and Confidential Specialized Training for Medical and Mental Health staff, under PREA Standards 115.21, 115.35 and 115.53, materials were reviewed by the audit team.

The agency policy provided mandates that all full and part-time medical and mental health care practitioners who work regularly. The Casa Grande Transitional Housing facility employs 6 medical and mental health care practitioners who work regularly at the facility. 100% have received the general training. PREA Online training, powered by Taleo, provides specialized training for medical and mental

health staff. Auditors reviewed training materials, 'Behavioral Health Care for Sexual Assault Victims in a Confinement Setting' and 'Medical Health Care for Sexual Assault Victims in a Confinement Setting' which addressed the requirements of 115.35(a).

Medical and Mental Health Care practitioners receive general PREA training mandated for all employees, volunteers & contractors as identified in policy and outlined in PREA standards, depending upon the practitioner's status in the agency. During the on-site visit, audit team members reviewed and verified attendance at PREA training through the facility's training records. Documentation is maintained that medical and mental health practitioners have received the general PREA training and the specialized training referenced in standard 115.35 from the agency. Acknowledgement of Receipt of Training and Brochures forms are completed for general training.

Additional documentation was provided to the auditors during the pre-audit dated to indicate participation in specialized PREA training.

Medical and Mental Health staff interviewed at the Casa Grande Transitional Housing indicated they have received both the general and the specialized training, as required in the standards. They stated their training is provided by PREA Online Training.

Through discussions with supervisory personnel, it was clear that all medical staff are prohibited, by policy, from performing forensic examinations on sexual abuse victims at the facility.

The Casa Grande Transitional Housing utilizes the University Medical Center, in Las Vegas, Nevada for all forensic exams. The auditor interviewed the SAFE/SANE Nurse via telephone and she confirmed the hospitals responsibility to conduct such exams.

**Corrective Action:** No corrective action was required for this standard.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.41: Screening for risk of victimization and abusiveness**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.41 (a)**

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No

#### **115.41 (b)**

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  Yes  No

#### **115.41 (c)**

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### **Evidence Reviewed (documents interviews, site review)**

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Staff responsible to screen for risk of victimization
  - Random Offenders
  - PREA Coordinator
  - PREA Compliance Manager
- Offender electronic files
- Risk Screening tool: Electronic
- Mental Health Referral forms

Operational Procedure 573, PREA Screening and Classification, dated August 2018, a random sample of intake records, and a random sample of the PREA Risk Assessment tool, were reviewed by the audit team.

Policy requires all offenders, adult and youthful, to be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused or sexually abusive toward other offenders via the use of the standardized PREA Intake/Transfer Assessment Tool. It further mandates intake screening ordinarily be conducted within 72 hours of the offenders arrival at the facility.

Policy indicates that offenders may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked during assessment. Policy also requires that within a set time period, not to exceed 30 days from the offenders' arrival at the facility, the facility will reassess the offenders' risk of victimization or abusiveness based upon any additional relevant information received by the facility since the intake screening.

Casa Grande Transitional Housing intake staff indicated that all offenders are reassessed within 30 days of arrival at their facility based on criteria outlined in standard provision. The assessments are done every 6 months for every offender, thereafter.

Of the 15 formal offenders interviewed, all indicated they had been asked questions about sexual abuse when they arrived at this center.

Of the offenders which remembered participating in an intake screening, all indicated that it occurred either on the day they arrived or the next day. 4 of those offenders interviewed indicated had been housed at the Casa Grande Transitional Housing for more than 12 months.

Auditors interviewed intake and classification staff regarding this process. They were very knowledgeable about the classification process and verified that the screening/assessment was completed in a prompt manner. Auditors also interviewed screening staff regarding this process. They verified that the screening/assessment was generally completed within 24 hours of the offender's arrival and that the risk screening is completed utilizing a standardized PREA Intake/Transfer Assessment Tool.

Offenders are provided with orientation and given a 2-sided brochure which outlines the Nevada Department of Correction's PREA policy. Policy mandates the PREA Intake/Transfer Assessment Tool consider prior acts of sexual abuse, prior convictions for violent offenses, and any history of prior violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive. Classification staff reviews the offender's history and flags, then assigns the offender housing. The case worker or case manager screen the offender and provides then PREA education. During their interview with the offender, the staff goes over the intake packet and the offender's conduct report looking at their prior criminal history. They discuss programs available and tell the offender how to report abuse.

The facility assesses offenders promptly upon arrival as part of the intake process. This process evaluates risk of sexual victimization and abusiveness. The auditors were provided with a copy of PREA Intake/Transfer Assessment Tool, on which these risks are documented. The PREA Intake/Transfer Assessment Tool meets all protocols under PREA except for 115.41(d) (10). This criterion is related to offenders retained solely for civil immigration issues and is not met because the Nevada Department of Corrections does not house offenders detained solely for civil immigration purposes.

During the site visit, auditors observed the entire actual intake process. The screening/assessment process is completed as part of an overall intake assessment and the standardized PREA Intake/Transfer Assessment Tool was being used. 11 offender file hard copies or electronic versions of the Intake and Screening records were also reviewed by the audit team to demonstrate accurate process of this screening practice. It was noted that PREA Intake/Transfer Assessment Tool forms were present in the offender files that were reviewed.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.42: Use of screening information

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate?  Yes  No

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  Yes  No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  Yes  No

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Staff responsible for Risk of Victimization
  - PREA Coordinator

- LGBTI Offender
- PREA Compliance Manager
- Offender electronic file
- Risk Screening tool: Electronic form
- Mental Health Referral form

Operational Procedure 573, dated September 1, 2017, PREA Screening and Classification, a random sample of intake records, and a random sample of the PREA Risk Assessment tool, were reviewed by the audit team.

Agency policy mandates the facility to use information from the risk screening to inform housing, bed, work, program, and education assignments, to keep offenders at high risk of sexual victimization apart from high risk abusive offenders.

The PREA Intake/Transfer Assessment Tool, which is used for the risk assessment, is incorporated into the Nevada Offender Tracking Information System and is available for use in making housing decisions.

Offender flags are utilized to signal potential aggressor or potential victim and are incorporated into the electronic offender record and available for designated staff to review when assessing housing. Use of the standardized PREA Intake/Transfer Assessment Tool and the instructions included assist staff in determining appropriate housing for each offender.

Staff responsible for the objective risk screening shared, during interviews, that information obtained through the interview with the offender is used to assess the appropriateness of housing for the offender. Staff evaluates the answers on the questionnaire and determines if the offender is likely a victim or an aggressor. Once the information is gathered, a housing determination is made. They will house the offender in general population, administrative segregation, or protective custody.

OP 573 mandate that decisions regarding appropriate transgender or intersex housing in both male or female facilities and programming assignments are determined on a case-by-case basis. Placement decisions will ensure the offender's health and safety, and will consider whether placement would present management or security problems. It requires offenders be reassessed at least twice a year to review any threats to safety experienced by the offender.

The Casa Grande Transitional Housing reassesses all offenders twice a year. Policy states that transgender and intersex offender's own views are seriously considered when determining housing placement and programming assignments.

Staff responsible for risk screening stated that transgender and intersex offender's views of their own safety would be taken into serious consideration in housing placement and programming assignments and that they would be allowed to shower separately from other offenders. Housing units have toilets and showers in a centralized location within each housing unit.

Each shower stall has a shower door/curtain. Staff interviewed also indicated that if a transgender or intersex offender asked to shower separately, when other offenders are not utilizing the bathroom area they would be allowed to. There were currently no transgender offenders at the Casa Grande Transitional Housing site.

Policy mandates the agency not place Lesbian, Gay, Bi-sexual, Transgender, or Intersex (LGBTI) offenders in dedicated facilities, units, or wings solely on the basis of such identification or status.

The PREA Coordinator confirmed that the agency has no consent decrees, legal settlements, or legal judgements for the purpose of isolating such offenders in one specific area.

In reviewing the housing assignments for LGBTI offenders, it was noted by the audit team that they are not housed in any specific area. LGBTI offenders are housed in various units within the facility. Through interviews with self-identified gay offenders, the audit team confirmed that gay offenders have never been put in a housing area designated only for gay offenders. During the interviews, the offenders stated they knew about the PREA process as it is posted in various parts of the housing units and work areas. They spoke about the numbers posted by the telephones and informed us that staff are very approachable when it comes to any issues. The offenders stated they feel safe among the other offenders and don't feel 'singled out' due to the sexual orientation.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?  Yes  No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions.*

*This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

## Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - Staff who supervise offenders in Administrative Segregation
  - Offender placed in Administration Segregation who alleged allegation
- Administrative Segregation logs

A review of Operational Procedure 507, Administrative Segregation and Operational Procedure 573, dated September 1, 2017, PREA screening and Classification, was conducted by the audit team. The team also reviewed the intake screening process as indicated in Standard 115.41 & 115.42.

Policy states that offenders at High Risk for victimization shall not be placed in involuntary segregated housing unless an assessment of all alternatives has been made, and a determination has been made that there are no available alternative means of segregation of likely abuser.

It mandates offenders, who are placed in segregated housing for the purpose identified in standard provision 115.43(a), shall have access to programming, privileges, education and work opportunities to the extent possible. Policy also states that the facility document which opportunities had been limited, the duration of that limitation and the reason for such limitation.

In practice, if an offender is placed in segregated housing, any limitations will be documented on the offender record maintained in the housing unit. Offenders assigned in segregated housing are not allowed to have a work assignment.

Over the past 12 months there have been no offenders who were identified to be at risk of sexual victimization, held in involuntary segregation as Casa Grande transitional Housing does not have a Segregated Housing Unit.

During the interview with the Warden, he confirmed that Casa Grande Transitional Housing does not place offenders who are at high risk of sexual victimization in segregated housing unless all other alternatives have been eliminated.

The Warden explained that the center has different housing units running different programs that offer options when housing offenders that have victimization concerns. But, if alternate housing is not identified, the offender may be placed in segregated holding cell for less than 24 hours, while appropriate housing is identified or the offender is transferred to another institution that can more appropriately house the offender.

If an offender alleges sexual abuse, the length of time the offender is retained depends on the case and the length of the investigation. The basics of these investigations are a priority and are usually completed within 3-5 days.

Staff who supervise offenders in segregated housing at the Casa Grande Transitional Housing told the audit team that if offenders are placed in segregated housing for protection or after having alleged sexual abuse, they will have access to limited privileges and programs.

They have access to in-cell education. Offenders assigned to segregated housing are not allowed to work. The time retained in segregation depends on the length of time the investigation takes and the ability to transfer the alleged victim to another center.

AR 573.03 states that within 72-hour a Caseworker will convene a Classification Review and then reviews are conducted, at least, every 30 days by the facility PREA committee to determine if separation from general population is required.

During the tour, it was noted that there were no offenders could be housed in segregated housing as Casa Grande Transitional Housing does not have a Segregated Housing Unit.

**Corrective Action:** No corrective action was required for this standard.

## REPORTING

### Standard 115.51: Inmate reporting

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

#### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

## 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Compliance Manager
  - Random Staff
  - Random Offenders
- Offender Orientation Booklet
- Observations of the physical plant during our on-site review rounds, to include available information concerning PREA issue that the offenders can access.

Administrative Regulation 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and PREA, the Offender Orientation Handbook, and the PREA Brochure were reviewed by the audit team.

Policy requires the facility to provide multiple internal ways for offenders to privately report sexual abuse/harassment, retaliation by other offenders or staff for reporting sexual abuse/harassment, and staff neglect or violations of responsibilities that may have contributed to such incidents.

Policy further mandates the facility to provide at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward offender reports of sexual abuse/harassment to agency officials, allowing the offender to remain anonymous upon request.

The standard further requires that offenders detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the department of homeland security.

Through discussion with the PREA Coordinator and records review, the Nevada Department of Corrections does not house offenders detained solely for civil immigration reasons.

Policy also requires staff to accept reports made verbally, in writing, anonymously, and from 3<sup>rd</sup> parties and to promptly document any verbal reports. Policy mandates the facility to provide a method for staff to privately report sexual abuse and sexual harassment of offenders. This is accomplished through the chain of command or by contacting the Casa Grande Transitional Housing PREA Compliance Manager directly.

During the 12 formal staff interviews, staff indicated they would accept the report from the offender and document on a memorandum to be forwarded to their supervisor. They shared that offenders can report several different ways including reporting to any staff, calling the number on the posters (Attorney General, Inspector General), writing letters, telling a peer and telling family. Staff who were interviewed stated that they can privately report sexual abuse or harassment of offenders. In all cases, staff believed they could report to a supervisor, and it would be kept private.

The 15 formal offenders that were interviewed reported, that there are several ways they could report. These include telling staff, use the telephone number from the posters near the telephones, (Attorney General, Inspector General), victim advocate, tell family, tell staff, and put a note in the mail box. Most indicated they would just tell staff.

A review of the offender handbook indicates internal reporting mechanism for offenders is by: 1) writing an offender grievance and giving it to a staff member; 2) placing the grievance with outgoing mail in any housing unit; 3) mailing the grievance directly to the center; or 4) family reports. There is also a Memorandum of Understanding, dated September 18, 2017, between the Nevada Department of Corrections and the New Mexico Department of Corrections where offenders can call them directly as an outside source. The New Mexico Department of Corrections contact numbers are on the posters in each housing/work/program area.

During the tour, the audit team noted the posters for the New Mexico Department of Corrections and the Nevada Department of Correction's Inspector General's contact information, providing reporting information in English and Spanish. The audit team were also given brochures that are provided to offenders. The audit team tested the numbers posted and all worked.

On the test call to the Inspector General's telephone line, a message was left with this auditors contact information. The Inspector General called my telephone approximately 2 hours later to confirm the test message that was sent.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.52: Exhaustion of administrative remedies**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.52 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse.

- This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### **Evidence Reviewed (documents interviews, site review)**

- Casa Grande Transitional Housing Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Compliance Manager
  - Offenders that reported Sexual Abuse
- Offender Orientation Booklet
- Observations of the physical plant during our on-site review rounds, to include available information concerning PREA issue that the offenders can access.

Operation Procedure 740, Inmate Grievance Process, dated September 11, 2017, was reviewed by the audit team. The auditor obtained offender grievance forms from staff for review.

The policy indicates that all offenders may use the inmate grievance procedure, to include the informal portion, to resolve addressable inmate claims, only if the inmate can factually demonstrate a loss or harm.

OP 740.03 mandates that the agency will not impose a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse.

The agency does not require an offender to use any informal grievance process or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Review of offender handbook reveals reports of sexual abuse allegations may be made at any time using the Grievance Form.

There is nothing to restrict the agency's ability to defend against an offender lawsuit on the grounds that the applicable statute of limitations has expired.

Policy states there are locked grievance boxes on every floor of the housing units, where most offenders have access to on a daily basis.

AR 740.05 mandates a final decision from the Inspector General's office on the merits of any portion of a grievance alleging sexual abuse shall be issued within 90 calendar days of the initial filing of the grievance. However, an interview with the offender will occur immediately.

Policy states that 3rd parties are permitted to assist offenders in filing request for administrative remedies relating to allegations of sex abuse and shall be permitted to file such requests on offenders' behalf.

If a 3rd party files such a request on behalf of an offender, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the offender declines to have the request processed on his or her behalf, the agency shall document the offender's decision in the Nevada Offender Tracking Information System.

OP 740.04 also state the allegation of Sexual Abuse will not be referred to a staff member who is the subject of the accusation.

The standards require establishment of procedures for filing an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse. Standard provision 115.52 (f) requires initial response within 48 hours and issuance of the final agency decision within five calendar days. The agency policy indicates initial response within two days and final response within five days.

Over the past 12 months, no emergency grievances on PREA issues have been filed.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.53: Inmate access to outside confidential support services**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### **115.53 (b)**

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Compliance Manager
  - Random Offenders
  - Offenders who reported sexual abuse
  - Head of the Rape Crisis Center, Las Vegas, Nevada, including MOU.
  - Observations of the physical plant during our on-site review rounds, to include available information concerning PREA issue that the offenders can access, to include Rape Crisis Center telephone numbers

The Confidential PREA Manual, Administrative Regulation 421, PREA posters, PREA pamphlets, the Offender Orientation Handbook, and the MOU with Rape Crisis Center of Las Vegas, were all reviewed.

Administrative Regulation 421 mandates each facility to provide offender access to outside victim advocates for emotional support services related to sexual abuse by providing offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, or local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies.

Policy mandates each facility to inform offenders prior to giving them access, of the extent to which such communications will be confidential or monitored and to the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. This is completed in every committee meetings.

Policy further requires the facility to maintain or attempt to enter into an MOU or other agreements with community service providers that are able to provide offenders with confidential emotional support services related to sexual abuse. The facility maintains copies of agreements and provided copies to the auditor for review.

Offender information sheet and a brochure entitled "Stop Living in Silence" provides contact numbers for the Rape Crisis Center in Las Vegas. This brochure is given to offenders during intake and each time they transfer to a new center.

The audit team interviewed 15 offenders during formal interviews concerning the topic of allegations of sexual abuse or harassment. Overall, they knew about the outside victim advocate for support services and how to contact them. They shared with auditors where the posters were located within the facility. They also shared that they had received a PREA brochure when they arrived at the center and given one during their classification committee.

The audit team observed posters in the housing units which provided contact information for the outside victim advocate. The audit team contacted the victim advocate at the Rape Crisis Center in Las Vegas. Staff stated they have ongoing contact with staff at the Casa Grande Transitional Housing and have not received calls from offenders in the past. When any calls are received, it is answered by a volunteer 24 hours a day, 7 days a week.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Compliance Manager
- Offender Orientation Booklet
- Observations of the physical plant and visiting areas during our on-site review rounds, to include available information concerning PREA issue that the offenders can access concerning 3rd party notification

Administrative Regulation 421, Custodial Sexual Misconduct, Operational Procedure 740, Inmate Grievance Procedure and the "Stop Living in Silence" Brochure were reviewed by the audit team.

The Policy mandates establishment of a method to receive 3rd party reports of sexual abuse/harassment and distribute public information on how to report sexual abuse and sexual harassment on behalf of an offender.

OP 470 gives the process of how staff need to respond to a 3<sup>rd</sup> party report, to include interviews, confirmation of allegation and the offenders' agreement to pursue with the investigation.

The auditor reviewed the Nevada Department of Corrections website and found, under the heading, Office of the Inspector General, clear information available to the public on reporting.

The facility provided the auditor with a copy of the Visitor Information Brochure. The brochure was reviewed and the required information was also included. During the tour of the Casa Grande Transitional Housing, the audit team observed posters and information posted in the visiting room.

**Corrective Action:** No corrective action was required for this standard.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - PREA Coordinator
  - Random staff
  - Medical staff
  - Mental Health staff
- Internal Investigative reports

Operational Procedure 421, Custodial Misconduct, Inmate Sexual Offenses and PREA, and Administrative Regulation 339, Employee Code of ethics and Conduct, Corrective or Disciplinary Action, Medical Directive #117 and Prohibitions and Penalties were reviewed by the audit team.

OP 421 mandates all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment that occurred in a facility, whether or not it is a part of the agency. This includes any retaliation against any offender or staff who reported such an incident and any staff neglect or violation of responsibilities which may have contributed to an incident or retaliation.

Policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, other security, and management decisions.

Policy also requires medical and mental health practitioners to report sexual abuse pursuant to standard provision 115.61(a), and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services, unless precluded by federal, state, or local law.

Policy mandates each facility to report all allegations of sexual abuse/harassment, including 3rd party and anonymous reports, to the facility's designated investigators.

Interviews with 12 formal random staff and specialized staff at all levels of this facility indicate that all PREA related allegations/reports go to the facility PREA investigators for investigation.

During random interviews with staff, it was confirmed that staff is aware of this requirement and could explain how they would immediately report an allegation of sexual abuse. They further stated that the information they received from the victim should remain confidential, with them only notifying staff that had a need to know such as their supervisor and medical staff.

During interviews with medical and mental health staff, they expressed their understanding of the policy and their duty to report. They stated that they explain to the offender the limitations of confidentiality prior to the initiation of services.

The Warden informed the audit team that the Casa Grande Transitional Housing does not house offenders under the age of 18. If the offender is considered a vulnerable adult, the center would report to the appropriate agency, as required in state law. All allegations of sexual abuse or sexual harassment are reported to designated investigators at the facility.

The PREA Compliance Manager shared, and a review of offender birth dates, confirmed that the facility does not house offenders under the age of 18.

The agency provided a copy of the medical informed consent form which is provided to offenders prior to the initiation of services in accordance with the policy.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.62: Agency protection duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions.*

*This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Agency Head or Designee
  - Warden
  - Random staff

Administrative Regulation 421, Custodial Misconduct, Inmate Sexual Offenses and PREA, dated February 1, 2017, was reviewed by the audit team.

OP 421 requires that any employee, contractor, or volunteer who has any knowledge, suspicion, information, or becomes aware of any alleged act of sexual abuse or sexual harassment by another employee, contractor, volunteer or offender, is required to immediately report the knowledge, suspicion, information to his or her immediate supervisor.

OP 421 also states, that grievances alleging staff on inmate or inmate on inmate sexual abuse or sexual harassment be forwarded immediately to the PREA Compliance Manager and the Associate Warden.

During the interview, the Agency Head's Designee indicated that if he received such information, he would notify the facility where the offender is housed and direct the staff to take immediate action to protect the offender. If the perpetrator is identified, they would be placed in disciplinary segregation pending completion of the investigation. The victim would only be retained in segregation only until alternate housing could be identified.

During the interview with the Warden, he stated that if he received an allegation, he would take immediate action to protect the offender. This may require that they move the offender back to a place where he would be safe until the suspect is identified and the investigation was concluded. This may require that the offender be transferred to another center.

Through 12 random staff interviews, they indicated that if they received an allegation, they would immediately separate the victim and suspect, notify their supervisor, the PREA Compliance Manager and investigations staff.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.63: Reporting to other confinement facilities

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

### 115.63 (c)

- Does the agency document that it has provided such notification?  Yes  No

## 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Agency Head or Designee
  - Warden
  - Investigative Services staff
  - PREA Compliance Manager

The Casa Grande Transitional Housing PREA Manual was reviewed by the audit team.

The PREA Manual states “when a report by an inmate is made that he/she was previously sexually abused while confined at another facility, that information must immediately be provided to the PREA Compliance Manager, who will, in turn, notify the Warden. The Warden must make contact with the other agencies Warden within 72 hours of the report”.

During the interview with the Agency Head's Designee, he stated any such allegation received is referred to the Director of Investigations. Contact is made with the PREA Compliance Manager and an investigator is assigned to conduct the review.

Both the Warden and the PREA Compliance Manager indicated once an allegation of sexual abuse is received from another agency, it is assigned to an investigator to conduct the investigation.

During the interview with 2 of the Investigators, they indicated that work closely with all other outside agencies, to include, City Police, Sherriff's Departments, State Police, the Nevada Department of Corrections centers and the local District Attorney's office, to name a few.

Staff indicate they continually monitor each open casefile for any follow-up information needed. Staff stated they make telephone calls or send emails weekly to ensure timelines are not delayed and information is sent to the right department when required.

In the recent past, the facility-to-facility notification communications were completed by the centers Investigator sending the information to their peer at the other facility, with a courtesy copy to each of the Hiring Authority.

On May 9, 2017, clarifications came from the National PREA Resource Center in the form of a Frequently Asked Question. As of that date, the facility's notification begins with an email from the Hiring Authority (Warden, Police Chief, Sheriff...) to the other confinement center's Hiring Authority (Warden, Police Chief, Sherriff...) stating what information need to be sent, via email, to the other facility.

Emails from the Warden of the Casa Grande Transitional Housing to other Wardens indicate the communications required to meet this Standard.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.64: Staff first responder duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

## 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - First Responder staff
  - Random staff
  - Shift Commanders
  - Offenders that Reported Abuse
- First Responder training curriculum

Operational Procedure 421 Custodial Sexual Misconduct, Inmate Sexual Offenses, as well as, Confidential Operational Procedure 421.1, Sexual Assault Response and Coordinated Response was reviewed by the audit team.

OP 421 states that staff will respond to the scene of the incident to assist with security concerns, Medical/Mental Health needs of the offenders, contacting supervisors, securing the scene, making sure no evidence is destroyed and the escorting of offenders, if needed.

During the 12 formal custody interviews, Custody Staff First Responders stated they would separate the victim from the alleged abuser and immediately notify their supervisor and investigative staff. They would take the victim to medical and tell the offender not to use the bathroom or clean off any potential evidence. If the incident occurred in the cell, they would close the cell door to preserve the crime scene. They would secure the abuser as soon as the abuser was known. Although the First Responders are trained in evidence collection, responding Investigator may also collect the evidence.

Non-custody staff First Responders said they would notify custody staff and direct the alleged victim to not destroy evidence. Through those interviews, staff stated they would protect the offender, separate him from the alleged perpetrator, call the supervisor for further direction and notify investigators. All would be kept confidential except for staff that has a need to know.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.65: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.65 (a)

- Has the facility developed a written an institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - First Responder staff
  - Warden
  - SANE staff
  - PREA Compliance Manager
- PREA Incident Operational Plan
- First Responder Checklist

Confidential Operational Procedure 421.1, Sexual Assault Response and Coordinated Response and Medical Directive #117, was reviewed.

Both statewide and local policy establishes the coordination to be followed in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Executive and line staff understood the role they have in the response required when allegations of sexual abuse are made.

The Warden stated that the facility has a local procedure which describes the coordinated actions to be taken by the facilities Response Team members. (OP 421.1)

The PREA Compliance Manager was able to tell the auditing team, step by step, how the Casa Grande Transitional Housing staff responds to a PREA incident. In addition to the policy and check list, the Shift Commander has contact information for managers who play a more significant role in the response to PREA so that they can be reached at any time of day or night. All of the staff, volunteers, and contractors interviewed knew what their specific role was when responding to a PREA incident.

During the on-site visit, we did not observe a response to an allegation of sexual abuse; however, through staff interviews, SANE interview, and policy review, the audit team has determined that the Casa Grande Transitional Housing is in compliance with this standard.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.66: Preservation of ability to protect inmates from contact with abusers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.66 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### **115.66 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Agency Head or Designee
  - Warden

Interviews with the Agency Head's Designee and the Casa Grande Transitional Housing Warden, confirmed that they do not currently have Collective Bargaining at the Casa Grande Transitional Housing.

The Nevada Department of Corrections, which includes the Casa Grande Transitional Housing, does not participate in collective bargaining within this correctional facility. This meets this Standard.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.67: Agency protection against retaliation

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:

- Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  Yes  No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  Yes  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

## Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Agency Head or Designee
  - Warden
  - Staff charged with Mentoring Retaliation
  - Offender who Reported Abuse
  - PREA Compliance Manager

Operational Procedure 421, Custodial Sexual and the Confidential Operational procedure 421.2, Inmate Sexual Abuse Incident Reviews and Protection Against Retaliation, was reviewed by the audit team.

OP 421 states that Casa Grande Transitional Housing staff shall monitor, track and protect all inmates and staff who report sexual abuse or cooperate with any investigation, from retaliation by both inmates and/or staff. Policy further states the monitoring shall be conducted and documented by a designated Warden, Associate Warden or the PREA Compliance Manager.

The PREA Compliance Manager will perform a daily check of the Nevada Offender Tracking Information System to see where any new PREA Incident information is logged. Any information concerning the Casa Grande Transitional Housing will be added to the PREA Database log.

Twice monthly, the designated staff member will email the Warden that the Retaliation Checks have been completed and an entry will be entered on the tracking log for each inmate who has been tracked for protection purposes.

All inmates and staff will be monitored for a minimum of 90 days. Reasons for continuance of more than 90 days, termination to an Unfounded investigation or transfers to another center, will all be documented. In the case of transfer, the other center will continue the process.

During the interview with the Agency Head's Designee, he stated that the facility will use the Protection Against Retaliation process to follow-up with victims and those who report. Staff will take appropriate action if there appears to be retaliation. Once follow-up is completed, the documents are maintained in the offender's packet. If retaliation is suspected or confirmed, possible actions may include additional monitoring, transfer of housing or work location and possible discipline for the individual who is retaliating.

The Warden, during his interview, indicated the different measures used to protect offenders and staff from retaliation includes monitoring for appropriate changes in housing or work assignment, disciplinary actions, etc.

## Standard 115.68: Post-allegation protective custody

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - Staff who supervise offenders in Administrative Segregation at the Casa Grande Transitional Housing

Operational Procedure 507, Administrative Segregation and Operational Plan 573, PREA Screening and Classification, were reviewed by the audit team.

Policy states that any use of segregated housing to protect an offender who is alleged to have suffered sexual abuse shall be subject to the requirements outlined in standard 115.43. Policy also states that inmates placed in segregation for PREA related activities will be treated in accordance with all PREA guidelines.

Administrative Regulation 573.03 states the Unit Caseworker is responsible for tracking all PREA inmates placed in Administrative Segregation via the Administrative/Disciplinary Segregation Tracking Log. It is the Unit Caseworkers responsibility to ensure that no inmates, at high risk of sexual victimization, shall not be placed in involuntary segregation housing unless all assessments of available alternative have been made, and a determination has been made that there are no other means of separation of a likely abuser. Finally, a review will be completed every 30 days, if needed.

The audit team observed no Casa Grande Transitional Housing offender who allege to have suffered sexual abuse were held in involuntary segregated housing in past 12 months for more than 24 hours awaiting completion of the assessment as Casa Grande Transitional Housing does not have a Segregated Housing Unit.

The Warden stated that the facility has different housing options or programs that give them the ability to separate offenders. All housing options are considered and generally the longest a victim would be in segregation would be for 24 hours pending completion of the investigation, identification of the alleged suspect or housing options, if safe to do so.

The Warden also stated if the need for Segregated Housing became an issue, the offender would need to be transferred to another institution.

**Corrective Action:** No corrective action was required for this standard.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  Yes  No

### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

### 115.71 (k)

- Auditor is not required to audit this provision.

### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

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## Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - PREA Coordinator
  - PREA Compliance Manager

- Investigative staff
- Offender who Reported Abuse
- Investigative Reports
- Training Records for Investigators

Administrative Regulation 339, Employee Code of Conduct, Nevada Revised Statutes, section 212.188, Offenses Related to Prisons and Prisoners, Office of the Inspector General's Administrative Investigations Guide, Casa Grande Transitional Housing Sexual Incident Reports (SIR) and Investigative reports, training records and certificates, Investigative training curriculum, and the Records Retention and Disposition Schedule were all reviewed by the audit team.

Policy mandates that investigations of sexual abuse and sexual harassment be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. It requires all investigators to receive specialized training for conducting sexual abuse investigations in confinement settings.

Investigators are required to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interview alleged victims, suspected perpetrators, and witnesses, and review prior complaints and reports of sexual abuse involving the suspected perpetrator. The policy states that special attention shall be paid to all interviews, including compelled interviews; however, it does not mandate investigative staff to consult with prosecutors prior to conducting compelled interviews.

Policy mandates credibility of an alleged victim, suspect, or witness be assessed on an individual basis and not determined by the person's status as an offender or staff.

A voice stress analysis exam is never to be used on an offender as a condition for proceeding with an investigation of a sexual abuse or sexual harassment report.

Policy mandates administrative investigations shall include efforts to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reason behind credibility assessments and investigative facts & findings. The substantiation standard for sexual abuse and sexual harassment administrative investigations is preponderance of evidence.

Policy requires that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Auditors conducted 2 interviews with investigative staff who indicated that investigations for allegations of sexual abuse or harassment are initiated immediately, are investigated objectively and thoroughly. Of the 8 allegations made, all of them were reviewed.

Utilizing a checklist, the reviews looked for offender rights, safety and security of the offender, provable objectiveness, direct or circumstantial evidence, witness statements, effective communications, as well as other guidelines. Through these file reviews, Investigative staff have shown that they are objective and treat each allegation on a case-by-case basis.

Investigative staff said they are contacted for all PREA allegations and respond to the facility. They investigate and gather evidence whether the allegations are against staff or offenders and review past history and prior complaints. They do not use any type of truth telling device as a condition of proceeding with an investigation. They can contact the Nevada State Police for assistance if it looks like the case is going toward felony prosecution.

The State Police will contact the prosecutor for consultation. If staffs' actions were not within policy, it would be addressed appropriately, investigated, and sent through the disciplinary process. They stated that the investigation is continued on both staff and offender allegations and referred for prosecution if warranted, regardless of the perpetrators continued presence/employment at the facility.

The agency conducts both administrative and criminal sexual abuse investigations for sexual harassment, sexual abuse, and staff sexual misconduct. Inspector General Investigators, based out of Las Vegas and each in-house center, conduct all investigations to include third party and anonymous reports.

Completed Sexual Incident Reports demonstrate that all allegations were investigated promptly, when the allegation was received from either the victim, a third party, or anonymously. 8 allegations of sexual abuse/harassment were alleged during the past twelve months. The PREA Coordinator, from Carson City, provided hard-copy Sexual Incident Reports for the 8 allegations. During the site review investigative reports were reviewed and collected. Sexual Incident Reports document that all allegations were investigated promptly, when the allegations was received.

The Specialized Investigator training and the On-line National Institute of Corrections curriculum was provided demonstrating specialized training as described in standard 115.34(b) and was described during interviews with investigative staff.

The PREA Compliance Manager confirmed that all 19 investigative staff received specialized training and On-line National Institute of Corrections training which meet this provision of the standard. Certificates indicating completion of other specialized trainings were also provided to the audit team.

Investigative files reviewed included allegations against staff. The reports document a similar investigative process for allegations against staff and offenders. The investigative reports contained no documented assessment of credibility based on status as offender or staff. Allegations against staff and offenders did not consistently include reports evidencing findings, and whether staff actions or failure to act contributed to the abuse. Investigative reports reviewed documented reviews of video monitoring data but did not include information regarding reviews of prior reports or complaints.

The Administrative Investigative Guide states all PREA administrative and criminal investigations shall include a written document and the Department shall retain all written documents relative to PREA allegations of sexual abuse/assault and sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency plus 5 years.

The Record Retention and Disposition Schedule (RRDS) require an offender's packet to be retained for 10 years past the date of discharge. It requires retention of staff personnel files for one year after the employee leaves the state government agency or at the conclusion of any litigation, whichever is later. They are then transferred to the records center for further retention. The records that are transferred include records relating to disciplinary notices, grievances and complaints.

**Interim Corrective Action:** At the completion of our on-site audit, 3 of the investigation files were missing pieces of documentation needed to show an investigation was completed thoroughly. Though investigation report reviews indicated the work had been completed, documentation within the files could not prove that. Since that time, the investigation team has worked hard to produce the documentation needed to bring Casa Grande into compliance with this Standard. I will review this process again in 45-60 days to determine that the process continues to be put into practice and achieving the goals needed to meet this Standard.

**Update:** As of May 20, 2018, the auditor has received copies of the new procedure that began April 19, 2018 and was put together with support from the Inspector General, Criminal Investigation Supervisor and the PREA Program Officer. The new procedure discusses and hold staff accountable to ensure who completes the Initial Review, and, if allegation meets or appears to meet a PREA Violation, which steps are taken. First, the Incident is submitted in their Nevada Offender Tracking Information System, then the referral is reviewed, an investigator is assigned and the process is given a timeline that is tracked for completion dates. In rare cases where a time extension is required, the Extension Request form is filled out and approved/disapproved by the Inspector General. Additionally, a review of how documentation is presented within every case file was performed. After the review and reorganization, each case file is indexed into sections and consistency match every other file for ease of documentation/process completion and accountability.

**Final Update: Corrective Action:** No corrective action was required for this standard.

## Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - Investigative staff
- Investigative reports for allegations of Sexual Abuse

Administrative Regulation 339, Employee Code of Conduct and investigative case files were reviewed by the audit team.

Policy mandates the agency impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Investigative staff interviews confirmed that no evidentiary standard higher than a preponderance of evidence is utilized when determining whether allegations are substantiated for administrative investigations.

A review of administrative investigative case files also confirmed compliance with the provision of this standard.

Policy requires the Appointing Authority to determine if the allegation is as follows:

- Substantiated: The allegation was determined to have occurred by a preponderance of the evidence. The training that all Appointing Authorities attend teaches that substantiation is 51% that they are sure that the event occurred.
- Unsubstantiated: Evidence was insufficient to make a final determination that the allegation was true or false.
- Unfounded: The allegation was determined not to have occurred.
- Substantiation is based on a preponderance of evidence.

The Appointing Authority is the individual charged with determining the conclusion of the investigation.

During interviews, Investigative staff interviews confirmed that no evidentiary standard higher than a preponderance of evidence is utilized when determining whether allegations are substantiated for administrative investigations.

During the interview with the Warden, he stated the outcome of all allegations is based on the evidence presented, in totality, of the reports.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  Yes  No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  Yes  No

### 115.73 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

## 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - Investigative staff
  - Offender who Reported Abuse
- Investigative reports for allegations of Sexual Abuse

Office of the Inspector General's Administrative Investigations Guide, Casa Grande Transitional Housing Sexual Incident Reports (SIR) and Investigative reports, were reviewed by the audit team.

The policy requires that following an investigation into an offender's allegation that he or she suffered sexual abuse by another offender or staff in a department facility, the PREA Compliance Manager or Designee, shall inform the offender in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Administrative Regulation 421 also requires that following an offender's allegation that a staff member has committed sexual abuse against the offender, unless the agency has determined that the allegation is unfounded, the agency informs the offender the following:

- The staff member is no longer posted within the inmate's unit;
- The staff member is no longer employed at the facility;
- The staff member has been indicted on a charge related to sexual abuse within the Department;
- or
- The Department learns that the staff member has been convicted on a charge related to sexual abuse within the Department.

Administrative Regulation 421 also requires that following an inmate's allegation that he or she has been sexually abuse by another inmate, the Department shall subsequently inform the alleged victim whenever;

- The alleged abuser has been indicted on a charge related to sexual abuse within the Department; or
- The alleged abuser has been convicted of a charge related to sexual abuse within the Department.

Policy indicates that all notifications or attempted notifications shall be documented.

During interviews with investigators, the Warden and the offender population who reported allegations, notifications are being made and the documents are now in the files as a proof of practice.

**Corrective Action:** No corrective action was required for this standard.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

## Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden

Administrative Regulation 339, Employee Code of Conduct, dated August 30, 2017, and Administrative Regulation 421, Custodial Sexual Misconduct, were reviewed by the audit team.

AR 339 states that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies and that termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. The policy does not differentiate between lesser and more significant levels of staff misconduct and states that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Through the interview with the Warden, the auditor learned that all allegations are investigated and depending on what the allegation is, the staff member may be restricted from the facility pending completion of the investigation or directed to work in another area. Appropriate disciplinary sanctions would be administered to the staff member up to termination and criminal prosecution.

No terminations have occurred within the past 12 months. No staff resigned in lieu of termination during this rating period.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.77: Corrective action for contractors and volunteers

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - PREA Compliance Manager

Administrative Regulation 421, Custodial Sexual Misconduct, Inmate Sexual Offences and PREA was reviewed by the audit team.

The policy mandates any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

It further mandates the agency shall not enlist the services of any of those volunteers, interns, or contractors, who may have contact with offenders.

Interview with the Warden confirmed that allegations against contractors and volunteer are immediately investigated and the contractor or volunteer is temporarily suspended from facility grounds. (Gate Stop)

If the allegation is substantiated, the contractor is no longer allowed to enter the facility. Information is provided to the contract agency and the case is referred for criminal prosecution when appropriate. Additionally their name is placed on a state wide list so that they cannot enter another Nevada Department of Corrections facility.

During this rating period, 1 volunteer was placed on a Gate Stop pending investigation completion.

Over the past 12 months, no contractors or volunteers were reported to law enforcement agencies or relevant licensing bodies for engaging in sexual abuse of offenders.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

### 115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  Yes  No

### 115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

### 115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - Medical staff
  - Mental Health staff

Administrative Regulation 707, Inmate Disciplinary Procedure and Administrative Regulation 421, Custodial Sexual Misconduct, was reviewed by the audit team.

Policy states offenders will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender on offender sexual abuse or following a criminal finding of guilt for offender on offender sexual abuse. The policy mandates that sanctions against offenders are to be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.

Should the facility offer therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits.

Policy states that the agency may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact and that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying even if an investigation does not establish evidence sufficient to substantiate the allegation.

Policy states the agency may, in its discretion, prohibit all sexual activity between offenders and may discipline offenders for such activity.

Mental Health Staff shall conduct a mental health evaluation of the known offender abuser within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate.

When interviewed, the Warden said that offender discipline is based on the level of the violation and penalties are imposed comparable to other offender's penalties.

Penalties might include placement in restricted housing, loss of good time credit, and prosecution. If the offender has a mental health history, mental health staff will be involved throughout the process.

During Medical and Mental Health Staff interviews, the auditors were told the facility offers specialized therapy, counseling and other interventions to address/correct underlying reasons for abuse. The offender's issues would be addressed during regular counseling sessions, group counseling sessions or individual counselling sessions, if needed.

At the Casa Grande Transitional Housing participation in this type of counseling is not made a condition of access to programming or other benefits.

**Corrective Action:** No corrective action was required for this standard.

## MEDICAL AND MENTAL CARE

### Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions.*

*This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

## Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Offenders that disclosed Victimization during Risk Screening
  - Medical Staff
  - Mental Health Staff
  - Staff who screen for Victimization
  - Offenders who disclosed during Risk Screening
- Offender Custody file

Administrative Regulation 643, Mental Health Services, Operational Procedure 609, Medical Standards for PREA Allegations, Medical Directive 316, Initial Intake Procedure for Mental Health Evaluations and Operational Procedure 573, PREA Screening and Classification were reviewed by the audit team.

AR 643.03 states when the PREA Risk Assessment screening, done during intake, indicates that an inmate has experienced suicide potential, symptoms of mental illness, low level of intellectual functioning, level of aggression, potential for escape, deviant sexual behavior or a history of sexual abuse, staff shall ensure the inmate is offered follow-up medical and/or mental health meeting within 14 days of the intake screening.

It states that information related to sexual victimization and abusiveness that occurred in an institutional setting be strictly limited to medical and mental health practitioners or Unit Casework Specialist, as necessary, to inform treatment plans, work, education, and program assignments, or as otherwise required by federal, state, or local law.

Policy mandates Medical and Mental Health staff obtain consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. Offenders are made aware of this process and staff use the Nevada Department of Corrections Consent-Release of Medical Information form used to obtain the required consent. The Casa Grande Transitional Housing does not house offenders under the age of 18.

The PREA Compliance Manager indicated that any of the above listed information is kept confidential and only certain classifications can view the information.

Interviews with staff who perform risk screening related that offenders who indicate they have previously perpetrated sexual abuse, during the DOC Form 2097, PREA Risk Assessment, screening are offered a follow-up meeting with a medical and/or mental health practitioner. Policy further states all services provided for the above related treatments, shall be free of charge.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.82: Access to emergency medical and mental health services

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes  No

### 115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

### 115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - First Responders

- Medical staff
- Mental Health staff
- Offenders that reported Sexual Abuse

Operational Plan 421, Custodial Sexual Misconduct and Operational Procedure 609, Medical Standards for PREA Allegations, was reviewed by the audit team.

Policy indicates that all medical and mental health care practitioners who work regularly in the facility are trained in evidence collection, detecting and assessing signs of sexual abuse and harassment and how to respond effectively and professionally to victims of sexual abuse and harassment per the National Institute of Corrections training module, “Behavior Health Care for Sexual Assault Victims in a confinement Setting” and “Medical Health Care for Sexual Assault Victims in a confinement Setting”

Medical and Mental Health staff interviews shared that staff respond immediately when noticed of an incident of sexual abuse. The treatment is based on their professional judgement. Offender victims of sexual abuse while incarcerated are offered timely information about, and timely access to, emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate. All medical and mental health staff interviewed stated they have received the NIC training. Certificates were provided to the auditors.

Custody staff, non-custody staff, and first responders stated that notification is made via the telephone to the medical staff who are on duty when informed of an incident of sexual abuse.

**Corrective Action:** No corrective action was required for this standard.

### **Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

#### **115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

#### **115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

#### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

#### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

#### 115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

#### 115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

## Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Medical staff
  - Mental Health staff
  - Offenders that reported Sexual Abuse

Operational Procedure 609, Medical Standards for PREA Allegations was reviewed by the audit team.

Section 609.05, Ongoing Medical/Mental Health Care for Sexual Abuse Victims and Abusers, states that the Casa Grande Transitional Housing offers medical and mental health follow-up services appropriate to all inmates who have been victimized in any confinement setting. Treatment will be consistent with the standard community level of care.

Policy also states that abuse victims will be offered tests for sexually transmitted infections as deemed medically appropriate and that mental health staff shall attempt to conduct mental health evaluations of all known inmate on inmate abusers within 60 days of learning of the known abuse.

During interviews with medical and mental health staff, the auditors learned that offenders are provided with treatment, screening, and follow-up mental health services, as determined appropriate by mental health staff. They also stated that if an offender states he/she has a history of sex abuse, she would be offered counseling services.

According to the medical and custody staff, any medical treatment that cannot be provided at Casa Grande Transitional Housing is provided by the University Medical Center in Las Vegas.

**Corrective Action:** No corrective action was required for this standard.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

##### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

## Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - PREA Compliance Manager
  - Incident Review Team Members
- Meeting notes, with sign-in sheets

Operational Procedure 421, Custodial Sexual Misconduct, Inmate Sexual Offenses, Administrative Regulation 421, Custodial Sexual Misconduct and PREA Committee Review for Sexual Investigation meeting minutes were reviewed by the audit team.

OP 421.16 states the Casa Grande Transitional Housing shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated unless the allegation has been determined to be unfounded. The PREA Compliance Manager will track and notify the review team upon learning of the completion of any sexual abuse/harassment investigation.

Policy further states that the review team shall document their findings on the Committee Review for Sexual Abuse form and shall consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; shall consider whether the incident or investigation was motivated by race, ethnicity, gender identity, or perceived sexual preference; to examine the area the incident allegedly occurred; adequacy of staffing levels; and the use of monitoring technology.

Afterwards, a report will be documented stating if any changes were to be implemented.

Interviews with the PREA Compliance Manager and the Facility PREA Committee members indicates that the committee reviews each investigation and addresses each of the criteria required per the standard. The minutes are submitted to the Warden and the PREA Compliance Manager and Assistant Warden ensure any modifications recommended by the committee are completed.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.87: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Coordinator
  - PREA Compliance Manager
- Annual Report posted on the NDOC website

Administrative Regulation 421, Custodial Sexual Misconduct, Inmate Sexual Offences and PREA, the Nevada Department of Corrections PREA Manual and the Survey of Sexual Violence documents were reviewed by the audit team.

Policy mandates the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice. All data is aggregated annually and displayed on the agencies website. The policy requires the facility to maintain, review, and collect data for all allegations.

Each individual Sexual Incident Report is submitted to the PREA Compliance Manager and discussed at the next Facility PREA Committee meeting.

The PREA Compliance Manager stated she maintains a record of all reports of sexual abuse at the facility.

The PREA Coordinator stated that the facilities have access to the agency's Sexual Incident Reporting system. This is the system utilized to collect PREA data. The information is then compiled and reported to the Department of Justice, annually.

The audit team was provided with the agency's current and last year's Survey of Sexual Victimization.

They also reviewed the agency's website and observed previous Surveys of Sexual Victimization posted there.

Policy states abuse data collected will be maintained for a minimum of 10 years after the date of the initial collection.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.88: Data review for corrective action

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Agency Head or Designee
  - PREA Coordinator
  - PREA Compliance Manager

Policy requires that, annually, the Warden and the PREA Compliance Manager, as well as any other designated staff, shall conduct an evaluation of the efforts of the facility to eliminate sexual abuse and ensure compliance with this policy and administrative procedure.

This evaluation shall include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the facility's progress in addressing the sexual abuse program and procedural changes shall be made at the facility based upon this evaluation. The report shall include a comparison of the current year's data and corrective action with those from prior years and shall provide an assessment of the department's progress in addressing sexual abuse. The facility's annual report must be approved by the PREA Coordinator and made readily available to the public through the department's public website.

The PREA Coordinator indicates the agency reviews data collected pursuant to 115.87 and assesses the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training. The agency prepares an annual report and posts the information on the website. She further indicated that the only information redacted from the agency report is personal identifying information. All other information is included in the annual report.

Through the interview with the Warden, the auditor was informed that each allegation is reviewed by the Facility PREA Committee and that information is provided to the PREA Coordinator for the annual review.

Any issues identified during the Facility PREA Committee are addressed at that time.

The PREA Compliance Manager indicated all Sexual Incident Report information is provided to the PREA Coordinator for annual review. After completion, this report is posted on the Nevada Department of Corrections website.

The audit team was provided with 2016 Sexual Assault Prevention Program Annual Report which compares data from the past two years. No personal identifying information was included in this report.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.89: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

#### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

## 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Casa Grande Transitional Housing completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Compliance Manager
- Nevada Department of Corrections website

Policy requires the agency to ensure that data collected pursuant to standard 115.87 are securely retained and to make all aggregated sexual abuse data from facilities under its direct control readily available to the public at least annually through its public website.

The policy requires the department to remove all personal identifiers from aggregated sexual abuse data before making said data publicly available. Agency website information provides no personal identifiers.

The Executive Director of PREA is required to maintain sexual abuse data collected pursuant to standard 115.87 for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise.

The PREA Coordinator indicates the data is maintained in a secure data system backed up as required per departmental policy.

A review of the website demonstrates aggregated sexual abuse data from facilities under its control to the public is posted, as required. Information displayed on the agency website, contains no personal identifiers. No federal, state or local law was provided by the agency to indicate there was a law in place to require a data maintenance procedure which would supersede standard provision 115.89(d)

**Corrective Action:** No corrective action was required for this standard.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
 Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  
 Yes  No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents interviews, site review)**

This standard is rated as “meets standard” based upon Casa Grande Transitional Housing being audited once during the previous audit cycle (2013 through 2016). The Nevada Department of Corrections has, in previous years, submitted Governor Assurances and is currently working to ensure that one third of their facilities are audited in each year of the Second Cycle of PREA audits. This commitment by Nevada Department of Corrections was reiterated and confirmed during interviews with the Warden and PREA Coordinator.

**Corrective Action:** No corrective action was required for this standard.

**Standard 115.403: Audit contents and findings**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility’s last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### **Evidence Reviewed (documents interviews, site review)**

The completed Nevada Department of Corrections PREA Audit reports are located and available to be reviewed on the department's website. (<https://www.ndoc.nv.gov>)

**Corrective Action:** No corrective action was required for this standard.

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Roger Lynn Benton  
Auditor Signature

May 22, 2018  
Date

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<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.